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Washington Township Infusion Center  
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Suite 101  
Dayton, OH, 45459  
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## Levothyroxine Order Form

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **ICD-10 Diagnosis:** \_\_\_\_\_

**Rx:**

Levothyroxine \_\_\_\_\_ mcg IV added to 100mL 0.9% sodium chloride over 30-60 minutes weekly

Labs: \_\_\_\_\_

Lab Frequency: \_\_\_\_\_

Order good for:

3 months       6 months       1 year       Other: \_\_\_\_\_

Other orders/comments: \_\_\_\_\_

\*\*Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port\*\*

**Prescriber Printed Name:** \_\_\_\_\_

**Prescriber Full Address:** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_ **Office Fax Number:** \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_