

Troy Infusion Center  
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Troy, OH 45373  
Phone: 937-401-6620  
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Washington Township Infusion Center  
1989 Miamisburg-Centerville Road  
Suite 101  
Dayton, OH, 45459  
Phone: 937-401-6620  
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**Solu-Medrol® Order Form**  
Epic Referral: REF115216

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

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

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

**Rx:**

Methylprednisolone (solu-medrol) 1 gram in 100 mL 0.9% NaCl infused IV over 60 minutes every day for 3 days.

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