



**Mankato Clinic**

*Together we thrive.*

ADULT AMBULATORY INFUSION ORDER

**IV Antibiotics**

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

**ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Please fax a copy of the following patient information:**     Demographics     Insurance Information     Current Lab Results  
 H & P Relevant to Diagnosis     Last infusion note     Current Medications

**PATIENT INFORMATION**

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs/kg    Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

**PROVIDER INFORMATION**

Printed Provider's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

NPI: \_\_\_\_\_    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_    Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**ANTIBIOTIC INFORMATION**

Antibiotic Name and Dose: \_\_\_\_\_

Frequency and Duration: \_\_\_\_\_

Start Date of Infusion: \_\_\_\_/\_\_\_\_/\_\_\_\_

End Date of Infusion: \_\_\_\_/\_\_\_\_/\_\_\_\_

Saline Lock IV during infusions.

Will patient have central venous access device?     Yes     No

If so, can we obtain a standing order for cathflo? Please include this in comments below.

Other Order or Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

