MEMORIAL HERMANN Pharmacy

GENERAL PRESCRIPTION REFERRAL FORM
Memorial Hermann Home Health Pharmacy

21501 Park Row Drive, Suite 210, Katy, Texas 77449 **P** 281.698.6175 **F** 281.698.6147

PATIENT INFORMATION *Please include copy of prescription and medical insurance card, front and back*

Name: _____ DOB: _____ ☐ Male ☐ Female

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Alt. Phone: _____

Email Address: _____ Primary Language: ☐ English ☐ Spanish ☐ Other: _____

PRESCRIBER INFORMATION

Name: _____ NPI: _____ DEA: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Office Contact: _____

CLINICAL INFORMATION

Diagnosis (ICD-10):
Primary ICD: _____ Description: _____
Other ICD: _____ Description: _____

Weight: _____ kg Height: _____ cm

IV Access: ☐ PIV ☐ PICC ☐ Port ☐ Other: _____

☐ NKDA ☐ Allergies: _____

PREVIOUS AND/OR CURRENT MEDICATIONS USED TO TREAT THIS DIAGNOSIS

Medication Name	Current	Start Date	End Date	Discontinue Reason (if stopped)
	☐			☐ Failed ☐ Other: _____
	☐			☐ Failed ☐ Other: _____
	☐			☐ Failed ☐ Other: _____

PRESCRIPTION AND ORDERS

Medication	Dose	Directions	Infuse Over	Duration/Refills
			_____ ☐ min ☐ hr	
			_____ ☐ min ☐ hr	
			_____ ☐ min ☐ hr	

Will this be the first dose? ☐ Yes ☐ No If NO, date of last dose: _____ Date of next dose: _____

Pre-Medications
To be administered 30 minutes prior to starting the infusion

☐ Acetaminophen: ☐ 325 mg PO ☐ 500 mg PO ☐ 650 mg PO ☐ Other: _____ mg PO
☐ Diphenhydramine: ☐ 25 mg PO ☐ 50 mg PO ☐ 25 mg IV ☐ 50 mg IV ☐ Other: _____ mg ☐ PO / ☐ IV
☐ Methylprednisolone: ☐ 40 mg IV ☐ 125 mg IV ☐ Other: _____ mg IV
☐ Other: _____

Adverse Reaction Orders

- Stop infusion.
- Administer reaction management medications.
  - ☐ Diphenhydramine 25 mg IV ☐ Other: _____ mg IV PRN for urticaria, pruritus, or shortness of break
  - ☐ Acetaminophen 500 mg PO ☐ Other: _____ mg PO PRN for myalgia or fever greater than 101.3
  - ☐ Normal Saline 0.9% 500 mL at a rate of 250 mL/hr
  - ☐ Epinephrine (1:1,000 strength) 0.3 mg subcutaneously if symptoms are rapidly progressing or continue after receiving diphenhydramine
  - ☐ Other: _____
- Call 911 as appropriate and notify prescriber immediately for any new onset of the following life-threatening hypersensitivity reactions to include fever, chills, dyspnea, pruritus, urticaria, convulsions, erythematous rash, hypotension, back pain, sudden chest pain or hypertension.

Lab Orders

☐ Albumin ☐ ALT ☐ AST ☐ Creatinine ☐ CMP ☐ CRP ☐ ESR ☐ LFT ☐ Platelets
☐ Other: _____ Frequency of Labs: ☐ Every Infusion ☐ Other: _____

Nursing Orders

☐ Nursing to establish and/or maintain venous access, administer prescribed medication, and assess general status and response to therapy.
☐ IV access to be flushed by nurse:
  - ☐ Sodium Chloride 0.9% - 10 mL pre-infusion and 10 mL post-infusion
  - ☐ Sodium Chloride 0.9% - 10 mL pre-infusion and 10 mL post-infusion, followed by 5mL Heparin 10 units/mL using the SASH method.
  - ☐ Other: _____

Pharmacy Orders

- Dispense flushes, needles, syringes and HME/DME quantity sufficient to complete therapy as prescribed.
- Dispense appropriate diluent per manufacturer recommendations.

By signing below, I authorize Memorial Hermann Home Health Pharmacy and its representatives to serve as my designated agent if needed, to initiate and execute any applicable authorization processes with medical and prescription insurance companies.

Prescriber's Signature (Signature required – NO STAMPS)**:**_____ **Date:**_____

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary" on the prescription.