

DATE _____ DATE NEEDED _____

SHIP TO: Patient Physician's Office HealthQuest Infusion

Please fax completed form along with copy of patient's insurance cards and any labs to 866.612.3437

Patient Name _____	Prescriber's Name _____
Patient Address _____	License # _____ DEA # _____
City _____ State _____ Zip _____	NPI # _____ UPIN # _____
Day Phone _____ Work Phone # _____	Practice Name _____
Cell Phone _____ E-mail _____	Office Contact _____
Date of Birth _____ SS # _____	Address _____ Suite # _____
<input type="checkbox"/> Female	City _____ State _____ Zip _____
<input type="checkbox"/> Male	Phone _____ Fax _____

Patient: Wt. _____ Ht. _____ Allergies: Latex Other, specify _____

DIAGNOSIS/ PN INDICATION: _____

CVC TYPE/LOCATION: PICC LINE PORT-A-CATH CENTRAL **ICD-10 CODE:** _____

RATE AND VOLUME (MUST SPECIFY): _____ mL/hour for _____ hours = _____ Total mL/day

Cyclic Infusion: _____ mL/hour for _____ hours, then _____ mL/hour for _____ hours = _____ Total mL/day

Other instructions: _____

Continuous Infusion: _____ mL/hour for 24hrs

Other instructions: _____

PRESCRIPTION

NON STANDARD

Macronutrients (per day)

Dextrose _____ g/Day
 Amino acids _____ g/Day
 Lipids (20%) _____ g/Day
 Frequency of lipids: _____

Additives (per day)

Sodium chloride _____ mEq
 Sodium acetate _____ mEq
 Sodium phosphate _____ mMol PO4
 Potassium chloride _____ mEq
 Potassium acetate _____ mEq
 Potassium phosphate _____ mMol PO4
 Calcium gluconate _____ mEq
 Magnesium sulfate _____ mEq

Other Additives (Daily unless indicated):

Standard MVI 10mL
 MTE-5 Conc (1mL)
 Insulin, Regular _____ units/bag
 (Recommend if hyperglycemic, start with 1 unit for every 10g of dextrose)

Vitamins (optional):

Folic Acid _____ mg
 Thiamine B1 _____ mg
 Vitamin K _____ mg

Trace Elements (optional):

Chromium _____ mcg
 Copper _____ mg
 Manganese _____ mcg
 Selenium _____ mcg
 Zinc _____ mg

Others (optional):

Famotidine 40mg/day
 Famotidine 20mg/day (renal dose)

Additional Additives: _____

GUIDELINES FOR DAILY REQUIREMENTS FOR ADULT PN

Sodium	1-2 mEq/kg
Potassium	1-2 mEq/kg
Calcium	10-15 mEq
Magnesium	8-20mEq
Phosphorus	20-40 mMol
Acetate and Chloride	As needed for acid-base balance

LABS

Baseline Labs: CMP, Phos., Magnesium, Triglycerides, Prealbumin, CRP, and CBC

Routine Labs: CMP, Phos., Magnesium, CBC w/diff—Frequency: _____

Routine Labs: Prealbumin, CRP, and Triglycerides monitor once/month

Blood glucose checks—Frequency: _____

PRESCRIBER'S SIGNATURE (Signature required. No stamps.) _____ **DATE** _____