SPECIALTY INFUSION CENTER
An Access Infusion Care Company

ANTIBIOTIC ORDERS

PATIENT INFORMATION

Name: _____ DOB: _____ Height: _____ Weight: _____

Address: _____ Phone: _____ Allergies: _____

City, State, Zip: _____ Email: _____

REFERRAL STATUS

☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

Is this the first dose? ☐ Yes ☐ No, date of last infusion: _____ Line type: ☐ PIV ☐ PICC ☐ Port ☐ Other

DIAGNOSIS AND ICD-10 CODE

☐ Diagnosis: _____ ICD-10 Code: _____

REQUIRED DOCUMENTATION

☐ This signed order form by the provider

☐ Patient demographics AND insurance information

☐ H&P and Clinical/Progress notes supporting primary diagnosis

☐ Labs and Tests supporting primary diagnosis

MEDICATION ORDERS

Drug	Dose	Route/Frequency	Duration	
☐ Cefazolin (Ancef)	_____	IV Every _____ hours	X _____ days	X _____ weeks
☐ Cefepime (Maxipime)	_____	IV Every _____ hours	X _____ days	X _____ weeks
☐ Ceftriaxone (Rocephin)	_____	IV Every _____ hours	X _____ days	X _____ weeks
☐ Daptomycin (Cubicin)	_____	IV Every _____ hours	X _____ days	X _____ weeks
☐ Ertapenem (Invanz)	_____	IV Every _____ hours	X _____ days	X _____ weeks
☐ Meropenem (Merrem)	_____	IV Every _____ hours	X _____ days	X _____ weeks
☐ Nafcillin (Unipen)	_____	IV Every _____ hours	X _____ days	X _____ weeks
☐ Piperacillin/Tazobactam (Zosyn)	_____	IV Every _____ hours	X _____ days	X _____ weeks
☐ Vancomycin	_____	IV Every _____ hours	X _____ days	X _____ weeks
☐ Other: _____	_____	IV Every _____ hours	X _____ days	X _____ weeks

☐ RN to manage VAD per company protocol and administer ordered therapy per manufacturer guideline

☐ RN to access/start and deaccess/discontinue VAD as appropriate for therapy administration

☐ RN to flush and lock VAD/CVAD per company protocol

Other: _____

Lab orders: _____ Frequency: ☐ Weekly ☐ Other: _____

Labs to be drawn by: ☐ Home Health Nurse ☐ Prescriber

PRESCRIBER INFORMATION

Prescriber Name: _____ NPI Number: _____

Office Phone: _____ Office Fax: _____

Prescriber Signature: _____ Date: _____

© Access Infusion Care
REV: 6/2025

Gaylord, MI
Phone: (989) 619-6253
Fax: (855) 857-3834

Traverse City, MI
Phone: (231) 252-0893
Fax: (855) 857-3834

Marquette, MI
Phone: (906) 661-1088
Fax: (855) 857-3834