vitalcare of LITTLE ROCK

Fountains Infusion Center

15200 Chenal Pkwy. Suite 300 Little Rock AR
Phone: 501-451-6080 Fax: 501-451-6081

IV ANTIBIOTIC INFUSION ORDERS

****REQUIRED INFORMATION****

- ☐ This signed order form from the provider
- ☐ Patient demographics & insurance information
- ☐ **Clinical/Progress Notes, Labs & Tests** supporting primary diagnosis

Patient Name:	DOB:
Allergies:	Patient Phone:

Diagnosis: _____ **(ICD 10 Code):** _____

Antibiotic : _____

Dose & Frequency : _____

Lab Orders : _____

Stop Date : _____

☐ **DC IV ACCESS AFTER ANTIBIOTIC THERAPY COURSE COMPLETE**

Additional Instructions:

Physician Name:	**Phone:**	**Fax:**
****Physician Signature:**	**Date:**	