vitalcare of LITTLE ROCK

Fountains Infusion Center

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

IV FLUID / 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: _____)

Fluids:
- ☐ Normal Saline
- ☐ Lactated Ringer
- ☐ D5W
- ☐ 1/2 Normal Saline
- ☐ Other: _____

Additives:
- ☐ Multivitamins
- ☐ Other: _____

Volume: _____

Frequency: _____

Rate: _____

Labs: _____

☐ **DC IV ACCESS AFTER INFUSION**

Additional Instructions:

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