

Solu- Medrol

(methylprednisolone)

Infusion Order



- 249 Danbury Rd. Wilton, CT 06897
- 400 Columbus Ave, Valhalla, NY 10595
- 127 Washington Ave, North Haven, CT 06473
- _____

Ph: 203-883-0038 Fax: 203-724-4838

Patient Name: _____

DOB: _____ / _____ M F

Allergies: _____

Phone: _____

Diagnosis: _____

ICD- 10: _____

Please fax a copy of the following patient information:

- Demographics, Insurance Information Recent progress Note Current CBC & CMP

Solu- Medrol order

DOSAGE

500mg

Patient Weight: _____ lbs. _____ kg

1000mg

Height: _____ ft _____ in

FREQUENCY

daily for _____ days

weekly for _____ weeks

Other: _____

NOTES:

Provider's Name: _____ Signature: _____

NPI: _____ Date: _____ Ph: _____ Fax: _____