



## Marquette Medical Urgent Care Infusion Order Form

Marquette Medical Urgent Care | 1025 West Washington St Suite A Marquette, MI 49855 | Phone: (906) 239-5050 | Fax: (906) 239-5055

**Please fax the completed Infusion Order Form to (906) 239-5055 along with the most recent progress note.  
For any remaining questions or concerns please call us at (906) 239-5050 or email our Medical Director at  
shawn.brown@mqtmcd.com.**

### PATIENT DEMOGRAPHICS:

|  |       |                |
|--|-------|----------------|
| Name:  | DOB:  | Home Phone:    |
| Has this patient been seen at Marquette Medical Urgent Care within the last 3 years?   | [YES] | [NO] [UNKNOWN] |
| NOTE-If "no", the patient will need to be seen by a Marquette Medical provider at the time of the first infusion, usual urgent care visit fees apply |       |                |

**Note:** Marquette Medical Urgent Care provides infusion services and support, but is not able to directly source medications that are not on the attached stock list. Any outside infusions will need to be arranged for billing to the patient and delivered to the urgent care by the patient, home health, or Peninsula Pharmacy. We are able to store home health deliveries and other stock on site for convenience.

|  |  |
|--|--|
| INDICATION FOR INFUSION/ICD 10   |  |
| INFUSION MEDICATION ORDER:   |  |
| MEDICATION SOURCE:<br>(Home health, patient to bring from pharmacy,<br>pharmacy notified to deliver) |  |
| START DATE:  |  |
| END DATE:  |  |
| LABS:<br>(i.e. CBC w/diff q weekly on Mondays)   |  |
| ADDITIONAL ORDERS/COMMENTS:  |  |

### REFERRING PROVIDER INFORMATION:

|                          |             |
|--------------------------|-------------|
| Name of Practice/Clinic: |             |
| Phone Number:            | Fax Number: |
| Name of Provider:        |             |
| Signature                | Date:       |

| Medication                       |
|----------------------------------|
| Albuterol 2.5mg/3mL              |
| Duoneb 0.5mg/3mg /3mL            |
| Racemic Epinephrine 2.25%        |
| Benadryl 50mg/1mL                |
| Compazine 10mg/2mL               |
| Dextrose 25g/50mL                |
| Dexamethasone 10mg/1mL           |
| Droperidol 5mg/2mL               |
| Epinephrine 1mg/mL               |
| Heparin flushes                  |
| Ketamine IV/IM                   |
| Magnesium Sulfate 2g IV solution |
| Naloxone intranasal spray        |
| Pantoprazole 40mg/1mL            |
| Promethazine 25mg/1mL            |
| Propofol IV                      |
| Rocephin 1g vial                 |
| Saline infusions                 |
| Toradol 30mg vial                |
| Tranexamic acid 1000mg/10mL      |
| Zofran 4mg/2mL                   |

*Additional oral & topical medications available on formulary; please inquire.*