Senior Script
PHARMACY

Senior Script Pharmacy Order

PLEASE FILL OUT FORM BELOW TO ORDER ALL I.V. MEDICATIONS, **COMPLETE AND FAX**

Fax (225)304-0489 & 1-800-489-9947

Date: _____

Facility: _____

Nurse: _____

Medication	Strength or Volume	Frequency	Duration	# of Doses

Resident's Name: _____ DOB: _____

Allergies: _____

Dx for I.V. Medication (ICD10): _____

Please Check all Supplies below which will be needed w/ I.V. medications:

	No Supplies Needed
	Saline Flushes
	Heparin Flushes 100u/ml, 5ml Syr.
	Heparin Flushes 10u/ml, 5ml Syr.
	Catheter 22g
	Catheter 24g
	Start Kits
	Dressing Change Kit
	Flow Regulator (Dial-a-flow)
	Ext set w/ Clave
	Curos
	List other supplies needed: _____ _____ _____ _____ _____

I.V. Access (Check one)

_____ Peripheral Heplock

_____ PICC or Central Line

(# of Lumens _____)