1015 25th Street Building, Upper Level
Anacortes, WA, 98221

Phone: 360.299.4200
Fax: 360.299.4237

PROVIDER ORDER FORM

Methylprednisolone (Solu-Medrol) Infusions

- Please complete form and fax with latest clinical documentation to 360.299.4237

Patient Name (First, Middle, Last): ____ D.O.B. _______________

Height: _____ ☐ cm ☐ in Weight:_____ ☐ kg ☐ lbs Allergies: ____________________________________

Diagnosis: ____ ICD-10 Code: ______________________________

Pre-auth Done? ☐ Not required ☐ Yes Authorization #: ____________ Authorization Dates: ________________

Medication Order:

☐ Methylprednisolone succ. ☐1 gram or ☐ _________mgs IV over 60 minutes (or _____min.) every __________for a total of _________doses.

Other:____
____
____
____
____

PROVIDER SIGNATURE	DATE
PRINT PROVIDER NAME	*PROVIDER EMERGENCY PHONE #

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