


Littleton Adventist Hospital

 Centura Health.
SO292L r.0809 DS



Patient Identification Label

Outpatient Infusion Center Physician Orders

After verifying that outpatient admitting privileges at Littleton Adventist Hospital are current, please:
Call 303-734-3925 to schedule services and FAX Orders to 303-738-2624

Patient Name: _____ Patient DOB: ____/____/____
Requested Date(s) of Service: _____
Primary Diagnosis: _____
Additional Diagnosis(es) related to specific treatment ordered:

Check below which of the following have been sent by FAX with orders:

- ___ Most Recent Lab Values
- ___ Current Patient Information Fact Sheet
- ___ Signed Informed Consent for Blood and Chemotherapy

Was Pre-authorization completed in Provider office? ___ Yes, AUTH# _____
___ No, Facility Health Benefits Advisor to complete authorization for ___ treatments
or for _____ parameters.

Is this a continuation of current treatment at Littleton Adventist Hospital? ___ Yes ___ No
Duration of Treatment: _____

TREATMENT ORDERS:

Transfusion:

Infusion:

Medications:

Line Insertion: _____

Other: _____

MD/LIP Printed Name: _____ Phone Number: _____

MD/LIP Signature: _____ Date/Time: _____/_____/_____