

DepoMedrol Injection Order (Revised 4/3/21)

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form.

Injection Therapy:

DepoMedrol ____mg IM

Frequency: _____

ICD 10 code: _____

Additional Orders:

Special Instructions:

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.

Injection Monitoring:

- Obtain vital signs pre-injection and obtain post-injection PRN.

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: