

Normal Saline Infusion Order (revised 4/18/21)

Instructions to Provider:

All orders with will be placed unless otherwise noted. Please fax the completed order and the referral form to 704-468-3401.

Required Lab Results: N/A

Infusion Therapy:

Normal Saline 0.9% _____

Normal Saline 0.45% _____

Rate: to run over _____ hours

Frequency: _____

ICD 10 code: _____

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: