Atrium Health Infusion Centers
Phone: 704-468-3400 **Fax:** 704-468-3401

Port Flush Order (Revised 4/3/21)

Instructions to Provider:

All orders with ☒ will be placed unless otherwise noted. Please fax completed order to 704-468-3401.

Infusion Therapy:

☐ Port Flush **ICD 10 code: _____**

Frequency:

☐ Every _____ weeks

☐ Once

Additional Orders:

_____

_____

Physician Name: _____
Physician Signature: _____
Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: