



Referral Status:	☐ New Start	☐ Order Change	☐ Renewal
Preferred Location:	☐ Atrium Health Wake Forest Baptist Infusion - Westchester Fax 336-802-2389		

Fluids infusion Therapy plan Created 08.25.2026 ** For same day fluid infusion request, please call clinic at 336-802-2388 **
All orders with a ✓ will be placed.

Patient Demographics:	
Patient Name:	MRN:
Address:	
City:	Zip Code:
Allergies: (please list all allergies or attach list) ☐ NKDA	
Diagnosis: ☐ ☐ Other:	
Required Documentation: (required prior to scheduling)	
Patient Demographic Sheet	If the patient is new to the ordered therapy, indicate washout from previous therapy:
Copy of Insurance Card (front and back)	
Most Recent Labs (must include labs pertinent to medication ordered)	☐ No Washout Needed
Consult Note or last 2 Office Visits with referring provider or APP	If the patient is currently on the therapy, indicate date of last infusion: Next infusion due date:
Complete Medication List - Include all tried and failed meds	If this is an order change only, indicate if the current therapy should be administered until insurance approval is received for the new request.
Diagnostic Studies Pertinent to Medication Order	
☐ Yes ☐ No	
Nursing Communication:	
☒ Start PIV/Access CVC and flush device per approved Atrium Health protocol.	
☒ Obtain vital signs PRE-treatment and POST-treatment. Obtain vital signs PRN during treatment.	
Infusion Therapy:	
☐ Lactated Ringers	
☐ 500 mL	☐ 1000 mL
☐ 0.9 % Sodium Chloride	
☐ 250 mL	☐ 500 mL ☐ 1000 mL
Hypersensitivity Protocol:	
☒ Initiate Atrium Health Wake Forest Baptist approved hypersensitivity protocol in the event of an acute adverse or anaphylactic infusion/injection reaction. The hypersensitivity protocol can be found on the Atrium Health Wake Forest Baptist Infusion - Westchester website at www.wakehealth.edu/locations/clinics/i/infusion-	
Prescriber Information:	
Provider Name:	Phone: Fax:
Practice Name:	NPI:
Address:	Office Contact:
City, State, Zip:	Office Contact Phone Number:
Physician Signature: (Order expires 12 months from date of signature) No Stamp Signatures Accepted	
Signature:	Date: