



CONSULTANTS INC
SPECIALIZING IN INFECTIOUS DISEASES

Ambulatory Infusion Center

Parkway Medical Center
3609 Park East Drive #207
Beachwood, OH 44122

216-360-0456 TEL
216-360-9449 FAX

www.idconsultants.com/aic

Infusion Orders – Solu-medrol (methylprednisolone)

Date of Referral: _____ Infusion Location: Beachwood Middleburg Heights Painesville

Patient Information

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ WT (kg): _____ HT (in): _____

Diagnosis: _____ ICD10 Code: _____

Allergies: _____

**PLEASE FAX SUPPORTING CLINICAL DOCUMENTATION, INCLUDING MEDICAL RECORDS/PROGRESS NOTES, LABS,
and INSURANCE INFORMATION (both front and back of the card) ALONG WITH THIS FORM**

SOLU-MEDROL DOSING

- Solu-medrol 1 gram IV every 24 hours for 3 days
- Solu-medrol _____ IV every _____ for _____

Premed Orders: _____

Special Needs/Considerations: _____

Prescribing Physician: _____

Address: _____

Physician Signature: _____ Date: _____

Physician Phone: _____ Fax: _____

LAB REQUIREMENTS and LAB MONITORING ARE THE RESPONSIBILITY OF THE PRESCRIBING PHYSICIANS