TUALITY HEALTHCARE
An OHSU Partner

Tuality Hematology Oncology/Infusion clinic
Phone: 503-681-1064 Fax: 503-681-4120

Admit to Tuality Community Hospital
TRANSFUSION/INFUSION

PATIENT NAME:

BIRTHDATE:

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (□) TO BE ACTIVE.

****INCLUDE****

- **Transfusion/Infusion order**
- **Prior authorization form**
- **Chart notes**

1. Diagnosis:____
2. Admit Reason:______________________________Treatment Date request:____________
3. Allergies: ____
4. Height:________________________Weight:________________________________
5. Diet:____
6. Activity:____
7. Labs: see transfusion/infusion order
8. Medication ordered: see transfusion/infusion order
9. Call physician Dr_______________phone:________________for any questions or concerns
10. Admitting privileges at Tuality: _____yes ______no. If not, ordering physician must make arrangements with hospitalist for transfer of care.
11. Discharge when transfusion/ infusion complete

Provider signature: ______________________________**Date/Time:** _______________

Printed Name: _________________________ **Phone:** ______________ **Fax**: _____________

www.Tuality/infusionorders