406
ARTHRITIS
CLINIC
Get back to your 406 life!

INFUSION SUITE		BLANK INFUSION ORDERS	
406 Arthritis Clinic LLC		**Phone: 406-345-0211**	**Fax: 747-205-0742**
2409 Arnold Ln Ste 9 Billings, MT 59102			
PATIENT INFORMATION - Include Patient Demographics and Insurance Cards			
Name:		**DOB:**	
	MEDICAL INFORMATION		
ICD10:		**Patient Height:**	
Patient Weight (kg):		**Allergies:**	
*Weigh patient prior to each infusion			
	BLANK ORDERS		
☐ _____			
☐ _____			
☐ _____			
☐ _____			
☐ _____			
	POST INFUSION		
☐ Flush IV line with NS. D/C IV.			
☐ Flush port with 5-10mL 0.9% NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.			
☐ Discharge home			
Referring Provider Printed:			
Referring Provider Signature:		**Date:**	
Referring Provider Phone:		**Referring Provider Fax:**	
406 Provider Printed:			
406 Provider Signature:		**Date:**	

Credentials must be included