

Referral Status:	MRN:
<input type="checkbox"/> New referral	<input type="checkbox"/> Order change
<input type="checkbox"/> Order Renewal	
Patient preferred clinic:	

## Magnesium Standard Plan of Treatment

### PATIENT DEMOGRAPHICS:

Date of Referral:	Patient's Phone:
Patient Name:	Address:
Date of Birth:	City, State, Zip:
Height in inches:	Weight: LB or KG
Gender:	Allergies:
	See list
	NDKA

### DIAGNOSIS: (PLEASE COMPLETE 2<sup>ND</sup> AND 3<sup>RD</sup> DIGITS TO COMPLETE ICD 10 FOR BILLING)

E83.42 - Hypomagnesium
- Other:

### REQUESTED DOCUMENTATION:

1	Insurance information	IF NO:	IF YES:
2	Most recent History & Physical	PLEASE STATE	LAST INFUSION DATE:
3	Full medication list	REQUIRED WASHOUT	NEXT INFUSION DATE:
4	Tried and failed therapies	FROM PREVIOUS	
5	Magnesium level within the last 30 days	THERAPY:	
6			

<b>IF ORDER CHANGE:</b>	
<b>Continue current order until insurance approved</b>	

### MEDICATION ORDERS:

**NOTE:** We may require a detailed Letter of Medical Necessity or clinical supporting documentation (depending on diagnosis), to be able to verify eligibility and payment for this treatment through Medicare and/or other insurance plans.

### DOSE/FREQUENCY:

Magnesium Sulfate \_\_\_\_\_ gm in 250 -500 ml of NS infused via IV per protocol  
**Magnesium Sulfate is infused 2gms per hour per protocol unless otherwise specified or clinically indicated**

### FREQUENCY:

One time dose  
 Every \_\_\_\_\_ week(s)  
 Other: \_\_\_\_\_

### DURATION:

\_\_\_\_\_ Weeks     \_\_\_\_\_ Months

### SPECIAL/LAB ORDERS: (Same day lab monitoring not available in ambulatory infusion clinics)

\_\_\_\_\_

**Provider to be responsible for magnesium lab monitoring.  
(Same day lab monitoring not available in ambulatory infusion clinics)**

Refills sufficient for duration unless otherwise noted here:

### LINE USE/CARE ORDERS:

Start PIV/Access CVC  
 Flush device per facility standard flushing procedure  
 Provide nursing care per Palmetto Infusion Nursing Procedures and post procedure observation if indicated

### ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website or scan here.



### PRESCRIBER INFORMATION:

PROVIDER NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	NPI:

### PRESCRIBER SIGNATURE: (No stamp signatures)

	<b>DATE</b>
Dispense as written/Brand medically necessary	Substitution permitted