Palmetto INFUSION®

Phone: 1-800-809-1265 Fax: 1-866-872-8920

Referral Status:		MRN:	
☐ New referral	☐ Order change	☐ Order Renewal	
Patient preferred clinic:			

Rev. 4.29.25

Magnesium Standard Plan of Treatment

PATIENT DEMOGRAPHICS:

Patient Name:

Patient's Phone:	Address:
Date of Birth:	City, State, Zip:

Height in inches:	Weight: LB or KG	Gender:	Allergies:	☐ See list	☐ NDKA

DIAGNOSIS: (PLEASE COMPLETE 2ND AND 3RD DIGITS TO COMPLETE ICD 10 FOR BILLING)

☐	E83.42 - Hypomagnesium
☐	________ - Other:

REQUESTED DOCUMENTATION:

1	Insurance information
2	Most recent History & Physical
3	Full medication list
4	Tried and failed therapies
5	Magnesium level within the last 30 days
6	

PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?

IF NO:	IF YES:
PLEASE STATE REQUIRED WASHOUT FROM PREVIOUS THERAPY:	LAST INFUSION DATE:
	NEXT INFUSION DATE:
	IF ORDER CHANGE:
	☐ **Continue current order until insurance approved**

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.

PRESCRIBER INFORMATION:

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

PRESCRIBER SIGNATURE: (No stamp signatures)

		DATE
Dispense as written/Brand medically necessary	Substitution permitted	