

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_ Height (cm) : \_\_\_\_\_ Weight (kg) : \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

**Financial authorizations require clinical documentation of medical necessity. To ensure compliance, the criteria below must be indicated as completed by office representative. Incomplete documentation will be returned to the referring office for completion, resulting in delays to the patient receiving treatment.**

- Ordering provider is credentialed at Sinai Hospital (Alvin and Lois Lapidus Cancer Center) or Carroll Hospital (William E. Kahlert Regional Cancer Center) to admit and write orders.
- Demographics / insurance information attached, or available in Cerner.
- Provider note dated within 30 days indicating medical need attached, or date if available in Cerner: \_\_\_\_\_

**Treatment:**

1000 mL NS IV over 2 hours \_\_\_\_\_ times weekly. Duration: \_\_\_\_\_

500 mL NS IV over 1 hour \_\_\_\_\_ times weekly. Duration: \_\_\_\_\_

1000 mL Lactated Ringer's IV over 2 hours \_\_\_\_\_ times weekly. Duration: \_\_\_\_\_

**Lab Orders:**

- BMP, once weekly
- CMP, once weekly
- Magnesium level, once weekly
- Phosphorous level, once weekly
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**Protocol Orders:**

- Hypersensitivity/Anaphylaxis Medications: Follow Adult Hypersensitivity Protocol as needed per Nursing Protocol for the treatment of allergic/hypersensitivity reaction.
- Extravasation Management: Follow established protocol for extravasation as needed.
- Port Care and Flush per Nursing Protocol: Single-lumen flush protocol or double-lumen flush protocol as appropriate.

Provider's Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**ALVIN & LOIS LAPIDUS CANCER CENTER  
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