



Oregon Health & Science University
Hospital and Clinics Provider's Orders

PO7071



ADULT AMBULATORY INFUSION ORDER
Cyanocobalamin (VITAMIN B-12)
Injection
Page 1 of 2

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

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

Treatment Start Date: _____ Allergies: _____
Weight: _____ kg Height: _____ cm

REQUIRED ITEMS for all orders – necessary for insurance approval, scheduling, and patient safety

1. **FACE SHEET** with complete **INSURANCE** information and patient **CONTACT** information
2. **Recent VISIT NOTE** to support treatment (if not available in Epic)
3. **LAB RESULTS** for any required prescreening (if not available in Epic)
4. **DIAGNOSIS CODE** _____
5. **Patient NAME** and **DATE OF BIRTH** on **EVERY** page faxed

GUIDELINES FOR ORDERING

1. Send **FACE SHEET** and **H&P** or most recent chart note.

MEDICATIONS:

Cyanocobalamin (VITAMIN B-12) injection 1,000 mcg, Subcutaneous, ONCE

Interval: (must check one)

- Once weekly for 4 treatments
- Every 4 weeks

STAFF DIRECTIVES (as applicable):

1. Infusion staff to follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.
2. Pharmacist to select appropriate admixture options including (as applicable) formulation, fluid base type, volume, concentration, administer-over time, and rate according to the package insert, drug information references, and facility policies, procedures, and practice standards.
3. Biosimilar substitutions may be permitted by infusion site policies or Collaborative Drug Therapy Management (CDTM) agreements. A pharmacist may substitute the biosimilar for authorized reasons, which may include infusion site preference or insurance reimbursement requirement. If it is NOT acceptable to substitute per site preference or insurance, check to Dispense as Written (DAW) and note the **REQUIRED** biosimilar: _____
4. Pharmacist may select or update orders to the site's preferred biosimilar. In addition, if insurance requires a specific biosimilar agent for reimbursement, pharmacy may update the order at sites with a Collaborative Drug Therapy Management agreement (CDTM). If it is NOT acceptable to substitute per site preference or insurance, check to Dispense as Written (DAW) and note the **REQUIRED** biosimilar: _____



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By signing below, I represent the following:

- I am responsible for the care of the patient identified on this form
- I hold an active, unrestricted license to practice medicine
- I am acting within my scope of practice and authorized by law to order the medication described above for the patient identified on this form

ALL ITEMS BELOW MUST BE COMPLETED TO BE A VALID PRESCRIPTION

Signature: _____ **License #:** _____ **Date:** _____

Print Name: _____ **Phone:** _____ **Fax:** _____

Plan will expire 1 year after signature date at which time a new order will need to be placed

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|--|--|---|
| <p>Contact the Referral Team directly for assistance at the centralized numbers below (do not contact individual clinics)</p> <p>INFUSION REFERRAL TEAM</p> <p>Fax completed orders to (503) 346-8058</p> <p>Phone (providers only) (971) 262-9645</p> | <input checked="" type="checkbox"/> Please indicate the patient's preferred clinic location below | |
| | <input type="checkbox"/> BEAVERTON OHSU Knight Cancer Institute | 15700 SW Greystone Court Beaverton OR 97006 |
| | <input type="checkbox"/> NW PORTLAND Legacy Good Samaritan campus | Medical Office Building 3 – Suite 150 1130 NW 22nd Ave, Portland OR 97210 |
| | <input type="checkbox"/> GRESHAM Legacy Mount Hood campus | Medical Office Building 3 – Suite 140 24988 SE Stark, Gresham OR 97030 |
| | <input type="checkbox"/> TUALATIN Legacy Meridian Park campus | Medical Office Building 2 – Suite 140 19260 SW 65th Ave, Tualatin OR 97062 |
| | <input type="checkbox"/> Non-Legacy community providers only EAST PORTLAND Adventist Health Portland campus | Pavilion – 10000 SE Main St – Suite 350 Portland, Oregon 97216 |
| <p>Infusion orders located at: www.ohsuknight.com/infusionorders</p> | Referral team will consider other locations as appropriate if selected site is not available, if treatment is urgent, or for patient preference. | |