HAI GLYCERIN WRITTEN ORDER

Phone: 866-850-1008
eFax: 877-734-5872
Email: HAIorders@pentechealth.com

Referral Date:
Clinic Contact:
Phone: **Email:**

To ensure timely processing, please complete and submit with insurance cards (front & back) and clinical notes

Patient Detail

Name: Sex: ☐ M ☐ F DOB:
Parent or Legal Guardian, where applicable:
Address: City: State: Zip Code:
Phone: Email Address:
Allergies: Height: ☐ inches ☐cm Weight: ☐ lbs ☐kg
Emergency Contact Name: Relationship: Phone:

Insurance

☐ Information attached (including front & back of insurance cards; if provided skip insurance section)
Primary Plan Name: Subscriber Name: DOB:
ID #: Group #: Phone:
Secondary Plan Name: Subscriber Name: DOB:
ID #: Group #: Phone:

Prescriber Detail

Prescriber Name: NPI: License #:
Preferred Communication Method: ☐ Phone ☐ Fax ☐ Email
Address:
Phone: Fax: Email:

Prescription Order

ICD-10 / Diagnosis Description (select):
☐ C78.7 Secondary Malignant Neoplasm of Liver and Intrahepatic Bile Duct ☐ Other:
Current Pump Contents: **Last Fill Date:** **Pump Rate:** mL/day **Next Refill Date:**
☐ Glycerin ☐ Heparinized Saline ☐ Floxuridine
If pump contains heparinized saline or floxuridine, rinse pump with 30 mL of Glycerin

	Product	Directions
☒	Sterile Glycerin 50% v/v Solution	RN to instill 30mL into implanted Intera 3000 pump to maintain catheter patency
☐		

Refill as needed x 1 year to maintain catheter patency

Nursing Orders

Skilled nursing services as needed for pump refills and monitoring. Plan of Treatment will be submitted after the initial nursing visit. I acknowledge that I will be periodically reviewing and signing the written Plan of Treatment in accordance with state regulation.

Prescriber signature

I certify that the use of the indicated treatment and services ordered above are medically necessary and I will be supervising the patient's treatment.

Prescriber Signature: **Date:**

Confidential Health Information: This document may contain Protected Health Information (PHI), as defined by the federal HIPAA Privacy Rule **(**45 C.F.R. Part 160 and Part 164, Subpart E**)**. It is being faxed to you after receiving appropriate Individual authorization or under circumstances that do not require Individual authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate Individual authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and/or state laws and regulations.
Important warning: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited. If you have received this message in error, please notify us immediately. Brand names are the property of their respective owners.

©2023 Pentec Health, Inc. 23PEN13008