

SODIUM THIOSULFATE (PEDMARK®) PRE-MEDICATION PRESCRIBER ORDER FORM

Patient Name:		Date of Birth:	Gender:	
Address:				
Phone:	Height:	<input type="checkbox"/> inches <input type="checkbox"/> cm	Weight:	<input type="checkbox"/> lbs <input type="checkbox"/> kg

Clinical Information

Primary Diagnosis Description:	ICD-10 Code:
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SODIUM THIOSULFATE (PEDMARK®) PRE-MEDICATION Prescription**Pre-medication Order Change:**

Discontinue: _____

Add following medication(s) to current regimen (to be given 30 – 60 minutes prior to Pedmark infusion, Refills x 1 year):

- Ondansetron (Zofran) 8mg IV
- Metoclopramide (Reglan) 10mg IV
- Diphenhydramine (Benadryl) 25mg PO
- Diphenhydramine (Benadryl) 12.5mg IV
- Dexamethasone (Decadron) ____mg IV/PO
- Famotidine (Pepcid) 20mg IV
- Prochlorperazine (Compazine) _____mg IV
- LMX 4 or (EMLA) Lidocaine 2.5%/Prilocaine 2.5% cream – Apply topically 1 hour prior to starting IV or accessing port
- Other: _____

I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.

Prescriber Signature:	Date:
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Prescriber Information

Prescriber Name:	Phone:	Fax:
Address:	NPI:	
City, State:	Zip:	Office Contact:

Fax completed form, insurance information, and clinical documentation to:

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