



Change order details by crossing out unwanted information and writing in desired details/instructions. Place a line through the x to remove the pre-checked option.

CYANOCOBALAMINE (VITAMIN B-12) MONTHLY (ANEMIA) [11500058] Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.

Labs Interval

- CBC W/ Automated Differential Frequency _____
- Vitamin B12 Frequency _____

Supportive Care Interval

- cyanocobalamin (VITAMIN B-12) injection 1,000 mcg Every 28 days Route: Intramuscular

Provider Signature _____ Date _____ Time _____

Provider's Printed Name: _____

Place Patient Label Here