Covenant Home Infusion
7509 Marsha Sharp Fwy Suite 101
Lubbock, TX 79407
806-725-6327 Fax: 806-725-4942

PATIENT INFORMATION **Please include ALL clinical/office notes, lab results, H&P related to therapy, and list of current medications.**	
Patient Name:	Patient Date of Birth:
Patient Phone:	Patient Allergies:
*Home Health:	

***Please note that CHI does not have a nurse on staff to teach TPN administration. If there is no home health, please be sure that the patient is taught at the doctor's office or the hospital prior to discharge. ***

INSURANCE INFORMATION
Please attach FRONT and BACK of all insurance cards

TPN INFORMATION (Please send a copy of the most recent TPN formula)	
Start Date:	Anticipated Length of Therapy/Stop Date:
Has patient been cycled? ☐ Yes ☐No	Total Infusion Time:
Infuse Up over _____ hours	Infuse Down over _____ hours
Following Outpatient Provider:	Following Outpatient Provider Phone:
☐ Pharmacy or ☐ Provider to write TPN order	

IV ACCESS TYPE			
Line Placed:	☐SL PICC	☐DL PICC	☐TL PICC
☐Port	☐DL Central	☐TL Central	☐Other:
☐Please checkmark if Home Health is to remove line at end of therapy			

LINE MAINTENANCE AND CARE	
☐Heparin ☐10 units/ml ☐100 units/ml	Flush line with 3-5 ml after second saline flush and into unused line daily/as needed
☐Sodium Chloride 0.9% 10 ml flush	Flush line with 5-10 ml before and after each dose of medication and into unused line daily/ as needed.
Additional Instructions:	
☐Dressing change every 7 days	

LABS
☐CMP ☐Pre-Albumin ☐Phosphorous ☐Magnesium ☐Lipid Panel ☐Triglycerides ☐Other
☐Frequency/Day to be drawn

PHYSICIAN INFORMATION		
Physician Name:	NPI:	DEA:
Address:	City:	State, Zip:
Phone:	Fax:	
Physician Signature:	Date:	
Supervising Physician (If NP/PA):		

CONFIDENTIALITY NOTICE
If faxed materials include Protected Health Information (PHI), these records are CONFIDENTIAL. Covenant Home Infusion shall receive Authorization from the patient prior to releasing or utilizing PHI for reasons other than treatment, payment or healthcare operations. This information is intended solely for the use of the individual named above. If you are not the intended recipient, you are hereby advised that any dissemination, distribution or copying of this communication is prohibited. If you have received this fax in error, please immediately notify the sender by telephone and destroy the original fax message.

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