



Methylprednisolone (Solu-Medrol) Order Form

DEMOGRAPHICS

PatientName: _____ DateofBirth: _____ Gender: F M
Home Phone: _____ Cell: _____ Work: _____
Address: _____
City: _____ State: _____ Zip: _____
LegallyResponsibleRepresentative: _____ RelationshiptoPatient: _____

Diagnoses:

MultipleSclerosis ICD-10: G35
_____ ICD-10: _____
_____ ICD-10: _____

Medication Orders:

- Solu-Medrol 1 gram IV every 24 hours for 3days
- Solu-Medrol _____ IV every _____ for _____
- Other: _____
- Flush line with 10 ml 0.9% NaCl before and after infusion.

PrescriberSignature

Date

Please Print Name *NPI*