



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