



A DIVISION OF AMERICAN ONCOLOGY PARTNERS, P.A.

**BARIATRIC REHYDRATION ORDERS**

Please complete all fields and fax this to (614) 548-8340 or call (614) 383-6475

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Diagnosis Code(s): \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Staff Contact: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Secondary: \_\_\_\_\_

Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_

Start IV with  0.9% Naci 1,000ML  Lactated Ringers 1,000 ML

Lab Tests to be drawn **POST** hydration

- Basic Metabolic Panel  Phasphorus Level  Protein  CBC
- Liver Function Panel  Amylase Level, Lipase  Thiamine

Additional orders: \_\_\_\_\_

**Thank you for entrusting your patients' care to Zangmeister Cancer Center.  
Please include all required paperwork at the time of referral: demographics, insurance cards,  
last three office notes, bariatric operative reports and most recent labs**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_