Legacy Day Treatment Unit
Provider’s Orders

Anticipated Start Date: __________ Patient to follow up with provider on date: __________

***This plan will expire after 365 days, unless otherwise specified below***

Orders expire: ______________________

Weight: __________ kg Height: __________ cm

Allergies: ____________________________________________________________

Diagnosis: ___________________________ Diagnosis Code: _______________

GUIDELINES FOR PRESCRIBING:
1. Send FACE SHEET, INSURANCE CARD and most recent provider chart or progress note.

Albumin 25%

☐ 25 grams IV post paracentesis, ONCE
☐ 50 grams IV post paracentesis, ONCE
☐ ___ grams IV post paracentesis, if less than 5 liters removed, ONCE
☐ ___ grams IV post paracentesis, if greater than or equal to 5 liters removed, ONCE

ANTI-EMETICS:

☐ Ondansetron (Zofran) _____ mg PO / IV, ONCE, PRN nausea
☐ Dexamethasone (Decadron) _____ mg PO / IV, ONCE, PRN nausea
☐ Lorazepam (Ativan) _____ mg PO / IV, ONCE, PRN nausea or anxiety
☐ Other ________________________________________________

OTHER MEDICATIONS (Please include dose, route, frequency and indication):

________________________________________________________________________
________________________________________________________________________

Last revised 2/2024
Patient Name: 
Date of Birth: 
Med. Rec. No (TVC MRN Only):

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE

Please check the appropriate box for the patient’s preferred clinic location:

☐ Legacy Day Treatment Unit – The Vancouver Clinic Building
   A department of Salmon Creek Medical Center
   700 NE 87th Avenue, Suite 360
   Vancouver, WA 98664
   Phone number: 360-896-7070
   Fax number: 360-487-5773

☐ Legacy Emanuel Day Treatment Unit
   A department of Emanuel Medical Center
   501 N Graham Street, Suite 540
   Portland, OR 97227
   Phone number: 503-413-4608
   Fax number: 503-413-4887

☐ Legacy Salmon Creek Day Treatment Unit
   Legacy Salmon Creek Medical Center
   2121 NE 139th Street, Suite 110
   Vancouver, WA 98686
   Phone number: 360-487-1750
   Fax number: 360-487-5773

☐ Legacy Silverton STEPS Clinic
   Legacy Silverton Medical Center
   342 Fairview Street
   Silverton, OR 97381
   Phone number: 503-873-1670
   Fax number: 503-874-2483

☐ Legacy Woodburn STEPS Clinic
   A department of Silverton Medical Center
   Legacy Woodburn Health Center
   1475 Mt Hood Ave
   Woodburn, OR 97071
   Phone number: 503-982-1280
   Fax number: 503-225-8723

Provider Signature: ___________________________ Date: ________________

Printed Name: ___________________________ Phone: ___________ Fax: ___________

Contact name/number for questions: ________________________________