



# reinhealth

## TPN Referral Form

Patient's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Weight \_\_\_\_\_ kg Height \_\_\_\_\_ in Allergies: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Preferred Location:

- Lewisville** 2790 Lake Vista Dr. Lewisville, TX 75067  
 **Dallas** 11970 N. Central Expy. #630 Dallas, TX 75243  
 **Plano** 5425 Spring Creek Pkwy. #135 Plano, TX 75024  
 **Rowlett** 6800 Heritage Pkwy. #105 Rowlett, TX 75087  
 **Denton** 2800 Shoreline Dr. #270 Denton, TX 76210

**Rate:** \_\_\_\_\_ **mL/hr;** \_\_\_\_\_ **mL over** \_\_\_\_\_ **hours infused** \_\_\_\_\_ **days/week**

**TOTAL VOLUME:** \_\_\_\_\_ **mL**

Amino Acids \_\_\_\_\_ gm  
 Dextrose \_\_\_\_\_ gm  
 Lipids \_\_\_\_\_ gm

Per Day:

Calcium Gluconate \_\_\_\_\_ mEq  
 Magnesium Sulfate \_\_\_\_\_ mEq  
 Potassium Acetate \_\_\_\_\_ mEq  
 Potassium Chloride \_\_\_\_\_ mEq  
 Sodium Acetate \_\_\_\_\_ mEq  
 Sodium Chloride \_\_\_\_\_ mEq  
 Potassium Phosphate \_\_\_\_\_ mM  
 Sodium Phosphate \_\_\_\_\_ mM  
 Multivitamins \_\_\_\_\_ 10 \_\_\_\_\_ mL  
 MTE-5 concentration \_\_\_\_\_ 1.0 \_\_\_\_\_ mL

**Additional Additives (prefilled syringes)**

Insulin \_\_\_\_\_ units  
 Folic Acid \_\_\_\_\_ mg  
 Heparin \_\_\_\_\_ units  
 Famotidine \_\_\_\_\_ mg

Additional Comments/Orders: \_\_\_\_\_

Prescriber's Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ NPI # \_\_\_\_\_