



Patient Sticker

PICC/MIDLINE ORDER FORM

Patient name: _____

Date of birth (DOB): _____

Physician/Provider name: _____

Physician/Provider contact information

Phone: _____

Email: _____

Fax: _____

Type of vascular access being ordered (please specify): Double lumen PICC, Single lumen PICC, Midline

Patient's Diagnosis: _____

Purpose for line (please specify): Medications, fluids, labs

Duration of therapy: _____

Patient history: Please email or fax patient's current history and physical to the MHSC PICC Team in addition to answering the questions below.

Email: piccteam@sweetwatermemorial.com

Fax: 307-352-5312

Pacemaker present? Y N

History of fistula? Y N

History of blood clots? Y N

History of mastectomy? Y N

Surgery of shoulder/clavicle? Y N

Name of health care agency to be providing post-insertion care of the catheter: _____

Contact information for health care agency providing post-insertion care of the catheter:

Phone: _____

Email: _____

Fax: _____

Physician/Provider Signature: _____ Date: _____

