

Please specify contact information, as we may need further information. Name, Phone Number, etc.



Insertion Form

Please Attach Patient Demographic Sheet

PHONE: 1-801-503-0500
FAX: 1-801-783-4657

Facility Information

DOS: _____

Facility: _____ State: _____

Contact/RN Name: _____ Phone #: _____

Patient Information

Patient Name: _____ Room #: _____

DOB: _____

MD or RN signature: _____

Services Requested

Feeding Tube:

- Nasogastric (NG) Tube Placement
- G-Tube (Gastrostomy) Replacement
- YES NO **Has the G-tube been placed surgically in the last 3 months?**

- Unclog NG-Tube
- Unclog G-Tube

**if YES refer back to surgeon or emergency department.*

REASON: _____

Vascular Access:

- Single PICC Insertion
- Dual Lumen PICC Insertion
- Single Midline Insertion
- Dual Midline Insertion
- Declot
- PIV
- Line Removal
- Other _____
- Port Access _____

REASON: _____

- What medication will be going through the line and for how many days? _____
- Will the patient be leaving the facility for any appointments? _____

For PICC or Midline placement ONLY

- Is the patient on Coumadin/Warfarin? If so, What is the INR Today? _____
- Is the patient on dialysis or do they have a fistula? _____
- If so, do you have authorization from Nephrologist for insertion? _____
- Does patient have AFIB or Pacemaker? _____
- Has the patient had a mastectomy or lymph nodes removed in the last 5 years? _____

Mandatory documents requested

- Demographic/Face Sheet
- Physician's Order
- Consent From Patient or Responsible Party

Additional Comments:

RN: _____
TOTAL TIME IN FACILITY: _____