



Note: This form is intended for prescriber use only.
 If faxed, the fax must come from MD office or hospital (should not be faxed by patient).

Order Form

Epi Kit for Use at Patient's Home

(For Nurse's Use Only)

Date: _____ Patient's Name: _____ DOB: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Daytime Phone: _____ Mobile Phone: _____

Epi Kit contents include:

1. One ampule of epinephrine 1:1000 (1 mL)
2. One bandage
3. Two alcohol swabs
4. One 27-gauge, half-inch needle for epinephrine administration
5. One filter needle to draw up epinephrine from ampule
6. One BD 1 mL syringe

Medication Name	Dose/Strength	Quantity	Frequency	Refills	Directions
Epi (epinephrine)	1:1000	One mL ampule	1x		Inject 0.01 mL per kg based on patient's weight by subcutaneous injection prn for anaphylactic reaction

Notes: _____

Prescriber Information:

Prescriber's Name (print): _____ NPI #: _____
 DEA #: _____ License #: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____
 Prescriber's Signature: _____ Date: _____

Toll-Free Phone: 866-230-8102 Toll-Free Fax: 888-325-6544

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