



Infusion Center
Kennebunk • Portsmouth • Scarborough • Topsham
Phone: 207-303-3225 Fax: 207-692-2473

Lasix (furosemide)

Patient Name: _____	DOB: _____	
Diagnosis: _____	Diagnosis Code: _____	
Height: _____ (cm)	Actual Weight: _____ (kg)	Allergies: _____

Lasix (furosemide) IV

Dose and Frequency: _____

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name: _____		
Provider Signature: _____	Date: _____	
Phone: _____	Fax: _____	Pager: _____