Remicade

Provider Order Form

PATIENT INFORMATION

Patient Name: DOB:

Patient Home Phone: Patient Cell Phone: Patient Email:

Address: City: State: Zip Code:

Emergency/Alternate Contact Name: Emergency/Alternate Contact Phone:

NKDA Allergies: Weight lbs/kg: Height:

Patient Status: New to Therapy Continuing Therapy Therapy Change Last infusion date (if applicable):

REQUIRED DOCUMENTATION

Labs (Negative Hep B and TB) Insurance Card (front and back) Current Medications History/Progress Notes

ICD-10 CODE

K50.90 Crohn's/Pediatric Crohn's Disease

K51.90 Ulcerative Colitis/Pediatric UC

M06.9 Rheumatoid arthritis

L40.50 Psoriatic Arthritis

L40.0 Plaque Psoriasis

M45.9 Ankylosing Spondylitis

Other: ____

PRE-MEDICATION ORDER

Acetaminophen (Tylenol) 500mg 650mg 1000mg PO

Cetirizine (Zyrtec) 10mg PO

Loratadine (Claritin) 10mg PO

Diphenhydramine (Benadryl) 25mg 50mg PO IV

Methylprednisolone (Solu-Medrol) 40mg IV 125mg IV

Hydrocortisone (Solu-Cortef) 100mg IV

Other: ______________________ Dose:__________ Route:__________ Frequency: __________

MEDICATION ORDER

No brand preference. Health Infusion will select product based on payer policy.

Brand preference: ____

Dose:

3mg/kg IV

5mg/kg IV

7.5mg/kg IV

10mg/kg IV

Other ______________

Round up to nearest 100mg from dosage indicated above

Give exact dose selected above

Frequency:

Initiation therapy: 0, 2 and 6 weeks then every 8 weeks

Initiation therapy: 0, 2 and 6 weeks then every 6 weeks

Initiation therapy: 0, 2 and 6 weeks then every _________ weeks

Maintenance therapy: Every 8 weeks

Maintenance therapy: Every 6 weeks

Maintenance therapy: Every _________ weeks

PROVIDER INFORMATION

Provider Name: Provider Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip:

SPECIAL INSTRUCTIONS

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Provider Name **Provider Signature** **Date** **Check here if this is a stat order**

Order is valid for 1 year from date of signature and refills will be provided to cover the duration of treatment unless otherwise indicated.