

REFERRAL STATUS

NEW REFERRAL
 DOSE/FREQUENCY CHANGE
 ORDER RENEWAL

PATIENT INFORMATION

NAME: _____

DATE OF BIRTH: ____/____/____

PHONE: (____) _____ - _____

ALLERGIES: _____

WEIGHT: _____ LBS HEIGHT: _____ IN

PLEASE ATTACH DEMOGRAPHICS, CLINICALS, AND LABS

PROVIDER INFORMATION

NAME: _____

NPI: _____

SIGNATURE: _____

PHONE: (____) _____ - _____

FAX: (____) _____ - _____

CONTACT PERSON: _____

DATE: ____/____/____ REFILLS: _____

ALL ORDERS ARE VALID FOR ONE YEAR, UNLESS SPECIFIED

MEDICAL INFORMATION (REQUIRED)

- ORENCIA/REMICADE/SIMPONI ARIA/CIMZIA: HEPATITIS B SURF ANTIGEN/CORE AB TOTAL, TB TEST
- STELARA: TB TEST
- KRSTEXXA: sUA LEVEL, G6PD
- ACTEMRA: CBC W/ D/P, HEPATITIS B SURF ANTIGEN/CORE AB TOTAL
- BENLYSTA: ANA RESULT
- RITUXAN: CBC W/ PLATELET, TB TEST OR CXR, HEPATITIS B SURF ANTIGEN/CORE AB TOTAL
- SAPHNELO: PHYSICIAN'S GLOBAL ASSESSMENT SCORE, SLE DISEASE ACTIVITY INDEX 2000 SCORE

MEDICATION ORDERS

- CIMZIA 400MG SQ AT WEEKS 0, 2, AND 4
- CIMZIA _____ MG SQ EVERY _____ WEEKS

- ORENCIA _____ MG IV AT WEEKS 0, 2, 4, AND EVERY 4 WEEKS THEREAFTER
- ORENCIA _____ MG IV EVERY 4 WEEKS

- REMICADE AVSOLA INFLECTRA
- ADMINISTER _____ MG/KG IV AT WEEKS 0, 2, 6, AND EVERY 8 WEEKS THEREAFTER
- ADMINISTER _____ MG/KG IV EVERY _____ WEEKS
- *PRE-MED: TYLENOL 500MG PO, ZYRTEC 10MG PO

- SIMPONI ARIA 2MG/KG IV AT WEEKS 0, 4, AND EVERY 8 WEEKS THEREAFTER
- SIMPONI ARIA 2MG/KG IV EVERY 8 WEEKS

- STELARA 45MG SQ AT WEEKS 0, 4, AND EVERY 12 WEEKS THEREAFTER
- STELARA 90MG SQ AT WEEKS 0, 4, AND EVERY 12 WEEKS THEREAFTER

- ACTEMRA 4MG/KG IV FOR A TOTAL OF _____ DOSES
- ACTEMRA 4MG/KG IV EVERY 4 WEEKS
- ACTEMRA 8MG/KG IV EVERY 4 WEEKS

- RITUXAN 1000MG IV EVERY 6 MONTHS AT WEEK 0 AND WEEK 2
- *PRE-MED: SOLUMEDROL 100MG IV, TYLENOL 500MG PO, BENADRYL 25MG PO

- KRSTEXXA 8MG IV EVERY 2 WEEKS
- *PRE-MED: SOLUMEDROL 80MG IV, TYLENOL 1000MG PO, BENADRYL 50MG PO

- BENLYSTA 10MG/KG IV ON DAY 0, DAY 14, AND DAY 28
- BENLYSTA 10MG/KG IV EVERY 28 DAYS
- *PRE-MED: SOLUMEDROL 100MG IV, TYLENOL 1000MG PO, BENADRYL 25MG PO

- SAPHNELO 300MG IV EVERY 4 WEEKS

DIAGNOSIS

- M05.2 _____ RHEUM VASC W/ RA
- M05.3 _____ RHEUM HEART DIS W/ RA
- M05.4 _____ RHEUM MYOPATHY W/ RA
- M05.5 _____ RHEUM POLYNEURO W/ RA
- M05.6 _____ RA W/ INV OF OTH ORG/SYS
- M05.7 _____ RA W/ RH FACT W/O ORG/SYS
- M05.8 _____ OTH RA W/ RHEUM FACTOR
- M05.9 RA W/ RHEUM FACTOR, UNSP
- M06.0 _____ RA W/O RHEUM FACTOR
- M06.1 ADULT ONSET STILL'S DISEASE
- M06.2 _____ RHEUMATOID BURISITIS
- M06.3 _____ RHEUMATOID NODULE
- M06.9 RA, UNSPECIFIED
- M32. _____ SYSTEMIC LUPUS ERYTH

- OTHER: _____
- ICD-10: _____

PRE-MEDICATIONS

BENADRYL IV _____ MG
 REGLAN IV _____ MG
 SOLUMEDROL IV _____ MG
 ZOFRAN IV _____ MG
 OTHER IV _____ MG

 BENADRYL PO _____ MG
 TYLENOL PO _____ MG
 ZYRTEC PO _____ MG
 ZOFRAN PO _____ MG
 ZANTAC PO _____ MG
 OTHER PO _____ MG