



Outpatient Infusion Center
Remicade/Inflectra Order

Please fax form to: 580-585-5472

Patient Information

Patient Name: DOB: Phone: Gender: M F
Patient Address: Email: Insurance:

Additional Information Needed

Fax front/back of insurance card Fax clinical/progress notes Fax labs
Fax patient demographics Fax current medication list Fax TB and Hep B results

Diagnosis and Clinical Information

Diagnosis (ICD-10):

K50.90 Crohn's Disease, Unspecified, without complications M06.9 Rheumatoid Arthritis, Unspecified
K51.90 Ulcerative Colitis, Unspecified, without complications M09.09 Rheumatoid Arthritis without Rheumatoid Factor, Multiple Sites
L40.0 Psoriasis Vulgaris (moderate-to-severe plaque psoriasis) M08.00 Unspecified Juvenile Rheumatoid Arthritis of Unspecified Site
L40.52 Psoriatic Arthritis Multilans M45.9 Ankylosing Spondylitis of Unspecified Sites in Spine
L40.59 Other Psoriatic Arthropathy Other: DX:

Clinical Information:

New Therapy Induction Therapy Change Therapy Continuation
Patient Weight: lbs/ kg Patient Height: in/ cm
Allergies:
Therapies Tried and Failed:
TB Test: Date: Results: Hep B Test: Date: Results:
Does the patient have venous access? Yes No If yes, What type?
If No, initiate IV access.

Lab Orders

Lab Orders to be done by

CBC w/o diff CMP ESR CRP HBsAg HBsAB HBcAB Quantiferon Gold Infusion Services
Other: Referring Provider

Prescription Information

Remicade Initial Dose: mg/kg IV Beginning week, week 2 and week 6
Maintenance Dose: mg/kg IV every weeks after week 6
Inflectra Initial Dose: mg/kg IV Beginning week, week 2 and week 6
Maintenance Dose: mg/kg IV every weeks after week 6

Misc Orders

PICC/Midline/CAD dressing to be changed every 7 days
Flushes
10mL NS Flush Syringe PRN
Heparin 500units/5mL Flush Syringe PRN
50ml NS Bag PRN
250ml NS Bag PRN

Standing Orders for Adverse Reaction

Stop infusion and initiate NS bolus Epi 1:1000 1mL IM, IV or SQ for anaphylaxis
Notify Supervising physician and ordering provider Oxygen 2-5L nasal cannula
Solu-Cortef 100mg SIVP signs of adverse reaction Albuterol 2.5mg inhaled PRN to chest tightness
Benadryl 25 mg SIVP for hives or bronchial inflammation Other:

Prescriber Information

Physician Name: Official Contact Name:
Contact #: Fax Number:
Address: City/State/Zip:
NPI#: DEA#: State License #:

Physician's Signature Date Time

