



Outpatient Infusion Center
Actemra 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 patient demographics
Fax clinical/progress notes
Fax current medication list
Fax labs
Fax TB and Hep B results

Diagnosis and Clinical Information

Diagnosis (ICD-10):

- M05.19 Rheumatoid Arthritis with Rheumatoid Factor of Multiple Sites without Organ or Systems Involvement
M05.9 Rheumatoid Arthritis with Rheumatoid Factor, Unspecified
M06.09 Rheumatoid Arthritis without Rheumatoid Factor, multiple sites
M06.9 Rheumatoid Arthritis, Unspecified
M08.00 Unspecified Juvenile Rheumatoid Arthritis of Unspecified Site
M08.20 Juvenile Rheumatoid Arthritis with Systemic Onset, Unspecified Site
M31.5 Giant Cell Arteritis with Polymyalgia Rheumatica
Other: DX:

Clinical Information:

- New Therapy Induction
Patient Weight: lbs/ kg
Allergies:
Therapies Tried and Failed:
TB Test: Date: Results:
Does the patient have venous access? Yes or No

Lab Orders

- CBC w/o diff
CMP
ESR
CRP
HBsAg
HBsAB
HbCAB
Quantiferon Gold
Other:

Lab Orders to be done by

- Infusion Services
Referring Provider

Prescription Information

- Actemra
Dose: 4mg/kg
Dose: 8mg/kg
Dose: mg/kg
Frequency: every 2 Weeks
Frequency: every 4 weeks
Frequency: mg/kg every weeks

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

Prescriber Information

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

Physician's Signature Date Time

