MPP INFUSION CENTERS
A MULTISPECIALTY PHYSICIAN COMPANY

Fax Referrals To: (855) 891-2191
Email Referrals To: MPPReferral@mppinfusion.com
Have a Question? (855) 478-1528

INFLECTRA® (INFLIXIMAB) ORDER FORM

(- Required Fields)*

____ **STAT REQUEST**
(*REASON MUST BE PROVIDED BELOW)

____ **New Referral** ____ **Order Renewal** ____ **Medication/Order Change**
____ **Benefits Verification Only** ____ **Discontinuation Order**

PATIENT INFORMATION			
NAME*:		DOB*:	SEX: ☐M ☐F
ADDRESS:		PHONE:	
WEIGHT: ☐LBS ☐KG	HEIGHT:	EMAIL:	
ALLERGIES:			

PHYSICIAN INFORMATION		
PHYSICIAN NAME*:		PRACTICE NAME:
ADDRESS:		OFFICE CONTACT*:
PHONE:	FAX:	EMAIL *(FOR UPDATES)*:

INFLECTRA ORDER*:

ICD-10*: _____

*(SELECT **ONE** OF THE FOLLOWING)*

____ **Initial/Reloading Dosing and then Maintenance Dosing:**
_____mg/kg IV on day 0, 2, 6 weeks and every _____ weeks

OR

____ **Maintenance Dosing**: _____mg/kg IV every _____ weeks

Physician Signature* _____ **Date*(Order is Valid for One Year)** _____
Infusion will be administered per MPP policy and protocols

REQUIRED DIAGNOSIS:

- ____ Ankylosing Spondylitis
- ____ Crohn's Disease
- ____ Psoriatic Arthritis
- ____ Plaque Psoriasis
- ____ Rheumatoid Arthritis
- ____ Ulcerative Colitis
- ____ Other_____

***STAT REASON:**
(STAT request will be assessed per MPP policy and protocols)

REQUIRED DOCUMENTATION CHECKLIST:

- ____ Patient Demographics
- ____ Insurance Card/Information
- ____ Clinical/Progress Notes supporting DX
- ____ Current Medication List and H&P
- ____ HepB Core (If available)
- ____ HepB Surf Ag (w/in 36 months)
- ____ TB Results (w/in 6 months)-if positive, need negative chest Xray and negative TSpot

Last Infusion/Injection Date: _____

STANDING LAB ORDERS: ____ CMP ____ CBC

____ Labs to be drawn by Infusion Center Frequency _____

NOTES/ADDITIONAL COMMENTS:

Locations:

--------Colorado--------
- ____ Lakewood

---------Florida---------
- ____ Jacksonville
- ____ Kissimmee
- ____ Port St. Lucie
- ____ Winter Park

----------Texas----------
- ____ Arlington
- ____ Cedar Hill
- ____ Dallas
- ____ Denton
- ____ Ft. Worth
- ____ Irving
- ____ Rockwall
- ____ Southlake
- ____ Flower Mound
- ____ Plano
- ____ Tyler

REVISION DATE- 5/2020