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

ORENCIA® (ABATACEPT) ORDER FORM

(- Required Fields)*

_____ **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)*:

ORENCIA ORDER*:

ICD-10*: _____

(SELECT ONE OF THE FOLLOWING)

_____ **Initial/Reload Dosing and then Maintenance Dosing:**
☐ 500 ☐ 750 ☐ 1000 mg IV on weeks 0, 2, and 4, then every 4 weeks thereafter

OR

_____ **Maintenance Dosing Only:** ☐ 500 ☐ 750 ☐ 1000 mg IV every 4 weeks

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

REQUIRED DIAGNOSIS:

_____ Psoriatic Arthritis

_____ Rheumatoid Arthritis

_____ Other_____

REQUIRED DOCUMENTATION CHECKLIST:

_____ Patient Demographics

_____ Insurance Card/Information

_____ Clinical/Progress Notes supporting DX

_____ Current Medication List and H&P

_____ HepB Core (w/in 36 months)

_____ 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 _____ CRP _____ ESRP _____ HFR _____ UA

____ Labs to be drawn by Infusion Center Frequency _____

NOTES/ADDITIONAL COMMENTS:

Locations:

--------Colorado--------
___ Lakewood

---------Florida---------
___ Fort Myers Coming Soon
___ Jacksonville
___ Kissimmee Coming Soon
___ Port St. Lucie Coming Soon
___ Winter Park Coming Soon

----------Texas----------
___ Arlington
___ Dallas
___ Denton
___ Duncanville
___ Ft. Worth Coming Soon
___ Irving
___ Rockwall Coming Soon
___ Southlake
___ Lewisville
___ Plano
___ Tyler

REVISION DATE- 7/2019