



**TRUXIMA® (RITUXIMAB-ABBS) 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):	

<b>TRUXIMA ORDER*:</b>	<b>ICD-10*:</b> _____
<i>(SELECT ONE OF THE FOLLOWING)</i>	
___ Dosing: 1000 mg IV on day 0, day 14, then repeat the course every ___ weeks	
<b>OR</b>	
___ Other Dosing: _____ mg /m <sup>2</sup> IV weekly for 4 weeks	
<b>OR</b>	
___ Other Dosing: _____ mg IV every _____	
Physician Signature* _____	Date* (Order is Valid for One Year) _____ <i>Infusion will be administered per MPP policy and protocols</i>

REQUIRED DIAGNOSIS:
___ Granulomatosis w/ Polyangiitis (GPA) Wegner's
___ Microscopic Polyangiitis (MPA)
___ Rheumatoid Arthritis
___ Other _____
 <b>*STAT REASON:</b> (STAT request will be assessed per MPP policy and protocol)

REQUIRED DOCUMENTATION CHECKLIST:
___ Patient Demographics
___ Insurance Card/Information
___ Clinical/Progress Notes supporting DX
___ Current Medication List and H&P
___ HepB Surf Ag (w/in 12 months)
___ HepB Core Ab (w/in 12 months)
___ CBC (w/in 12 months)
<b>Last Infusion/Injection Date:</b> _____
 Package Insert States: Patients with a history of arrhythmia or angina should have cardiac monitoring during infusions with Tuxima. MPP does not perform cardiac monitoring and the referring MD understands and accepts that this will not be performed.

**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