

**REMICADE® (INFLIXIMAB) ORDER FORM**

(\* - Required Fields)

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

<u>      </u> <b>New Referral</b>	<u>      </u> <b>Order Renewal</b>	<u>      </u> <b>Medication/Order Change</b>	<u>      </u> <b>Discontinuation Order</b>
<u>      </u> <b>Benefits Verification Only</b>			

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>REMICADE ORDER*:</b> <i>(SELECT ONE OF THE FOLLOWING)</i>	<b>ICD-10*:</b> _____
<u>      </u> <b>Initial/Reload Dosing and then Maintenance Dosing:</b> _____mg/kg IV on day 0, 2, 6 weeks and then every _____ weeks	
<b>OR</b>	
<u>      </u> <b>Maintenance Dosing:</b> _____mg/kg IV every _____ weeks	
Physician Signature* _____	Date* (Order is Valid for One Year) _____ <i>Infusion will be administered per MPP policy and protocols</i>

REQUIRED DIAGNOSIS:
<u>      </u> Ankylosing Spondylitis <u>      </u> Crohn's Disease <u>      </u> Psoriatic Arthritis <u>      </u> Plaque Psoriasis <u>      </u> Rheumatoid Arthritis <u>      </u> Ulcerative Colitis <u>      </u> Other _____
<p><b>*STAT REASON:</b> (STAT request will be assessed per MPP policy and protocol)</p>

REQUIRED DOCUMENTATION CHECKLIST:
<u>      </u> Patient Demographics <u>      </u> Insurance Card/Information <u>      </u> Clinical/Progress Notes supporting DX <u>      </u> Current Medication List and H&P <u>      </u> HepB Core (if available) <u>      </u> HepB Surf Ag (w/in 36 months) <u>      </u> TB Results (w/in 6 months)-if positive, need negative chest Xray and negative TSpot
Last Infusion/Injection Date: _____

<b>STANDING LAB ORDERS:</b> <u>      </u> CMP <u>      </u> CBC  <u>      </u> Labs to be drawn by Infusion Center      Frequency _____
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<b>NOTES/ADDITIONAL COMMENTS:</b>   
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**Locations:**

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**Colorado**

       Lakewood

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**Florida**

       Jacksonville  
       Kissimmee  
       Port St. Lucie  
       Suncoast  
       Winter Park

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**Texas**

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

REVISION DATE- 03/2021