MPP INFUSION CENTERS
www.mppinfusion.com

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

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)*:

TRUXIMA ORDER*:

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

ICD-10*: _____

_____ Dosing: 1000 mg IV on day 0, day 14, then repeat the course every ___ weeks

OR

_____ Other Dosing: _____ mg /m^2 IV weekly for 4 weeks

OR

_____ Other Dosing: _____ mg IV every_____

Physician Signature* _____ **Date*(Order is Valid for One Year)**_____

Infusion will be administered per MPP policy and protocols

REQUIRED DIAGNOSIS:

_____ Granulomatosis w/ Polyangiitis (GPA) Wegner's

_____ Microscopic Polyangiitis (MPA)

_____ Rheumatoid Arthritis

_____ Other_____

***STAT REASON:**
(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)

Last Infusion/Injection Date: _____

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
___ Suncoast
___ Winter Park

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

REVISION DATE- 03/2021