MPP INFUSION CENTERS
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# REMICADE® (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)*: | |

## REMICADE ORDER*:

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

**ICD-10*:** _____

☐ **Initial/Reload Dosing and then Maintenance Dosing:**
_____mg/kg IV on day 0, 2, 6 weeks and then 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 protocol)

## 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
☐ Suncoast
☐ Winter Park

-------- Oklahoma-------
☐ Tulsa

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

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