MPP INFUSION CENTERS
www.mppinfusion.com

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

RITUXAN® (RITUXIMAB)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)*:

RITUXAN ORDER*:

ICD-10*: _____

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

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

____ GPA/ MPA Dosing: 375 mg /m^2 IV weekly for 4 weeks, then two 500 mg intravenous infusions separated by two weeks, followed by a 500 mg intravenous infusion every 6 months thereafter

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
- ____ Pemphigus Vulgaris
- ____ 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)

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

REVISION DATE- 09/2021