MPP INFUSION CENTERS
www.mppinfusion.com

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

SOLIRIS®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)*:

SOLIRIS ORDER*:

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

ICD-10*: _____

____ **Initial/Reload Dosing and Maintenance Dosing:** _____mg IV for the first 4 weeks, followed by ____ mg for the fifth dose 1 week later, then _____mg every 2 weeks thereafter

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:

_____ Myasthenia Gravis (gMG)

_____ Paroxysmal Nocturnal Hemoglobinuria

_____ Atypical Hemolytic Uremic Syndrome

_____ Neuromyelitis Optica Spectrum Disorder(NMOSD)

_____ Other_____

***STAT REASON:**
(STAT request will be assessed per MPP policy and procedure)

Last Infusion: _____

* REQUIRED DOCUMENTATION CHECKLIST:

_____ Patient Demographics

_____ Insurance Card/Information

_____ Clinical/Progress Notes supporting

_____ Current Medication List and H&P

____ Positive AchR (gMG)

Did patient receive Meningococcal Vaccine?

_Yes _____No

PROVIDE IF AVAILABLE:

_____ MG-ADL Score_____ _____

_____ MGFA classification: _____

____ Positive AQP4

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- 10/2021