



Fax Referrals To: (855) 891-2191  
 Email Referrals To: [referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com)  
 Have a Question? (855) 478-1528

ORENCIA® (ABATACEPT) ORDER FORM  
 (\* - Required Fields)

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

<b>New Referral</b>	<b>Referral Renewal</b>	<b>Medication/Treatment Change</b>
<b>Benefits Verification Only</b>		<b>Discontinuation Order</b>
<b>PATIENT INFORMATION</b>		
NAME*:		DOB*:
ADDRESS:		SEX: <input type="checkbox"/> M <input type="checkbox"/> F
WEIGHT:      LBS   KG	HEIGHT:	PHONE:
ALLERGIES:		EMAIL:
<b>PHYSICIAN INFORMATION</b>		
PHYSICIAN NAME*:		PRACTICE NAME:
ADDRESS:		OFFICE CONTACT*:
PHONE:	FAX:	EMAIL (FOR UPDATES):
<b>ORENCIA Infusion*:</b> <i>(SELECT ONE OF THE FOLLOWING)</i>		<b>ICD-10*:</b> _____
<b>INITIAL/RELOAD AND MAINTENANCE DOSING:</b> Administer at 0, 2, and 4 weeks, and every 4 weeks thereafter Body Weight of Patient Dose Less than 60 kg (500 mg) 60 to 100 kg (750 mg) More than 100 kg (1000 mg)		<b>MAINTENANCE DOSE ONLY:</b> Administer every 4 weeks Body Weight of Patient Dose Less than 60 kg (500 mg) 60 to 100 kg (750 mg) More than 100 kg (1000 mg)
		<b>Other:</b> Administer _____ mg IV every _____ weeks
Physician Signature* _____		Date*(Referral Valid for One Year) _____
*NPI # _____		<i>Infusion will be administered per VIVO policy and protocols</i>
<b>ICD-10 Description:</b>	<b>REQUIRED DOCUMENTATION CHECKLIST:</b>	
<p>*STAT REASON:          (STAT requests will be assessed per VIVO policy and protocols)</p> <p>Last Infusion/Injection Date: _____</p>	<ul style="list-style-type: none"> <li>Patient Demographics</li> <li>Insurance Card/Information</li> <li>Progress Notes supporting DX</li> <li>Current Medication List and H&amp;P</li> <li>Complete Metabolic Panel</li> <li>Hep B Core (if available)</li> <li>Hep B Surface Antigen (<i>within 36 months</i>)</li> <li>TB Results (w/in 6 months)- <i>if positive, need negative chest x-ray and negative T Spot</i></li> </ul>	
STANDING LAB REQUEST (to be drawn by clinic):	CMP	CBC *Frequency _____
Additional comments/notes:		

**Locations:**

-----Colorado-----

Lakewood

-----Florida-----

Jacksonville  
 Kissimmee  
 Port St. Lucie  
 Suncoast  
 Winter Park

-----Ohio-----

Beachwood  
 Middleburg Hts.  
 Painesville  
 Youngstown  
 Westlake  
 Fairlawn

-----Oklahoma-----

Tulsa

-----Texas-----

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