*TN*
100 Covey Drive
Suite 307
Franklin, TN 37067

ThrIVewell INFUSION
Office: 212-803-3339 Fax : 646-768-8600

REJUVEINATE

(infliximab-dyyb)

# INFLECTRA infusion orders

Date: _____

Patient Name _____ DOB _____

Phone _____ M ◯ F ◯

◯ Allergies _____

NPI _____ Tax ID _____

Insurance Carrier (primary) _____

Insurance Carrier (secondary) _____

## REFERRAL STATUS

- ☐ New Prescription
- ☐ Order Renewal
- ☐ Does or Frequency Change
- ☐ Discontinuation

## DIAGNOSIS *Please provide ICD-10 code*

- ☐ _____ Rheumatoid Arthritis
- ☐ _____ Psoriatic Arthritis
- ☐ _____ Plaque Psoriasis
- ☐ _____ Ankylosing Spondylitis
- ☐ _____ Crohn's Disease
- ☐ _____ Ulcerative Colitis
- ☐ _____ _____

## PRE-MEDICATION

- ☐ Tylenol 1000mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Cetirizine 10mg PO
- ☐ _____
- ☐ Solu-Medrol 125mg IVP
- ☐ Solu-Cortef 100mg IVP
- ☐ Diphenhydramine 25mg IVP
- ☐ _____

## INFLECTRA ORDERS

### DOSAGE

- ◯ _____ mg/kg / IV *weight-based*
- ◯ _____ mg *flat-dosed*

### PATIENT WEIGHT

_____ lbs.

_____ kg

### FREQUENCY

- ◯ every 0,2,6, and every 8 weeks *(induction)*
- ◯ every _____ weeks

## NOTES

_____

## ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____