Princeton / Somerset New Jersey
49 Veronica Avenue
Suite 202
Somerset, NJ 08873

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

REJUVEINATE

(abatacept)

ORENCIA infusion orders

Date: ________________

Patient Name ______________________________________ DOB ____________

Phone ______________________________ M ◯ F ◯

◯ Allergies ____________

NPI ________________________ Tax ID ________________________

Insurance Carrier (primary) ____

Insurance Carrier (secondary) ____

DIAGNOSIS *Please provide ICD-10 code*

- ☐ ______ Rheumatoid Arthritis
- ☐ ______ Polyarticular Idiopathic Arthritis > 6 yro (PJIA)
- ☐ ______ ________________ *(other)*

PRE-MEDICATION

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

ORENCIA ORDERS

DOSAGE

◯ 500mg ◯ 750mg ◯ 1000mg

FREQUENCY

◯ every 0,2,4, and every 4 weeks *(induction)*

◯ every ________ weeks

◯ Quant________

PATIENT WEIGHT

________ lbs.

________ kg

◯ Refills________

NOTES

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ORDERING PROVIDER

Signature X ________________________________ Date ____________

Provider ______________________ Phone ____________ Fax ____________

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