☐ **Borough Park** 1428 36th Street Suite 107 Brooklyn, NY 11218
☐ **Crown Heights** 555 Lefferts Avenue Brooklyn, NY 11225
☐ **Manhattan** 57W 57Street Suite 601 New York, NY 10019
☐ **Manhasset** 333 East Shore Road Suite 201 Manhasset, NY 11030
☐ **Rockville Centre** 165 North Village Avenue Suite 133 Rockville Center, NY 11570
☐ **Elmsford/ Terrytown** 555 Taxter Road 3rd Floor Elmsford, NY 10523

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

☐ **Manhattan** 225 E 70th Street Suite 1E New York, NY 10021
☐ **Queens** 64-05 Yellowstone Blvd CF104 Forest Hills, NY 11375
☐ **Manhattan** 225 East 70th Street New York, NY 10021
☐ **Holbrook/ Ronkonkoma** 233 Union Ave Suite 207 Holbrook, NY 11741
☐ **Scarsdale** 495 Central Park Avenue Suite 205 Scarsdale, NY 10583
☐ **5 Towns** 141 Washington Avenue Cedarhurst, NY 11559
☐ **Long Beach** 917 Beech Street Long Beach, NY 11561
☐ **Riverhead** 1228 E Main Street Suite A Riverhead, NY 11901

(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

____

ORDERING PROVIDER

Signature **X** ______________________________ Date ____________

Provider ______________________ Phone __________ Fax ____________

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