Chicago Illinois
4711 Golf Road
Suite 900
Skokie, IL 60076

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

REJUVEINATE

(infliximab)
REMICADE 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
- ☐ _____

REMICADE 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

- ☐ total dosage _____
- ☐ refill _____

NOTES

_____

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____