PURE INFUSION SUITES

INFUSION ORDERS INFLECTRA

Fax form to:
Billings - 719.300.4068
Great Falls - 406.384.7002
Boise - 208-488-4998

Colorado Springs - 719.300.4068
Grand Junction - 970.822.7700

Patient's Information

Date of Referral

First Name | Last Name | M.I.

Date of Birth

Address

City | State | ZIP Code

Phone

WT (kg) | HT (in)

Diagnosis

Allergies

***Please fax all recent labs including TB date/results and Hepatitis B date/results.**

*ICD 10 CODE

*** Please include supporting clinical documentation for the specified ICD 10 Code as well as demographic and insurance information. This is necessary to ensure payment by the insurance carrier. Please fax with this order form. Initial appointment date and time will be verified after insurance approval.**

INFLECTRA DOSING

- ☐ Inflectra dose of 3mg/kg
- ☐ Inflectra dose of 5mg/kg
- ☐ Inflectra dose of 10mg/kg
- ☐ Inflectra specific dose of

Refills:

- ☐ Loading dose of day 0, 2 weeks, 6 weeks, and every 8 weeks thereafter
- ☐ Specific dosing frequency of
- ☐ Premedication of:

Prescribing Provider

Address

City | State | ZIP Code

Provider Signature

Date

Provider Phone | Provider Fax