

Fax form to:

Billings - 406.206.0105

Great Falls - 406.794.0555

Boise - 208.545.3214

Colorado Springs - 719.623.0085

Grand Junction - 970.404.8100

INFUSION ORDERS ORENCIA

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 and 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.**

ORENCIA DOSING [Based on weight]

Less than 60kg = 2 vials (500mg)

Refills:

60kg –100kg = 3 vials (750mg)

Refills:

100kg+ = 4 vials (1000mg)

Refills:

Premedications

Infusion schedule: Infused on weeks 0, 2, and 4; then every 4 weeks thereafter

Maintenance Q4 (Based on weight above)

Refills:

Prescribing Provider

Address

City

State

ZIP Code

Provider
Signature

Date

Provider Phone

Provider Fax