PARAGON INFUSION CENTERS

INFLIXIMAB
INFUSION ORDERS

PATIENT INFORMATION

☐ *Demographics attached*

Patient Name: ______________________ DOB: __________ Phone: ______________

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION /MEDICAL CARD(S), FRONT AND BACK

MEDICAL INFORMATION

Diagnosis:
☐ Rheumatoid Arthritis (__________) ☐ Ankylosing Spondylitis (__________)
☐ Crohn's Disease (__________) ☐ Ulcerative Colitis (__________)
☐ Psoriasis (__________) ☐ Other: __________(__________)

Patient Weight: __________ lbs. **Allergies:** ______________________

☐ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached

☐ TB test, Hepatitis B antigen, Hepatitis B core total antibody attached

Labs: Required labs to be drawn by: ☐ Infusion Clinic ☐ Referring Physician

Lab Orders: ______________________ ☐ Perform yearly TB test *(optional)*

REMICADE ORDERS

J1745
Remicade Dose: __________ mg/kg **Frequency:** Every: __________ weeks or ☐ 0, 2, 6 then every 8 weeks

RENFLEXIS ORDERS

Q5104
Renflexis Dose: __________ mg/kg **Frequency:** Every: __________ weeks or ☐ 0, 2, 6 then every 8 weeks

INFLECTRA ORDERS

Q5103
Inflectra Dose: __________ mg/kg **Frequency:** Every: __________ weeks or ☐ 0, 2, 6 then every 8 weeks

PRE-MEDICATION ORDERS

Protocol Pre-Medication Orders: Tylenol 1000mg PO, *please choose one antihistamine*

☐ Cetirizine 10mg PO ☐ Diphenhydramine 25mg PO ☐ Loratadine 10mg PO

Additional Pre-Medication Orders: ☐ Solu-Medrol ________ mg IV ☐ Solu-Cortef ________ mg IV

☐ Other: ______________________

Additional Orders/ Comments:

PHYSICIAN INFORMATION

By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc.and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: ______________________ Date: __________

Physician Name: ______________________

Phone: __________ Fax: __________ Contact Person: __________

INFUSION CENTER LOCATIONS

Phone: 877-365-5566 **Fax: 855-889-2946**	**Texas** ☐ Arlington ☐ Austin ☐ Dallas ☐ Houston ☐ North Hills ☐ Plano ☐ Round Rock ☐ San Antonio ☐ Stone Oak	**Tennessee** ☐ Knoxville	**Georgia** ☐ Atlanta

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