



REMICADE (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

J Code: J1745

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 and Hepatitis B documentation, CBC and liver function should be followed at regular intervals

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

Lab Orders: _____

REMICADE ORDERS

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

Protocol Pre-Medication Orders: Tylenol 1000mg PO, *please choose one antihistamine:*
 Cetrizine 10mg PO Diphenhydramine 25mg PO Loratadine 10mg PO

Additional Pre-Medication Orders: Solu-Medrol _____ mg IVP Solu-Cortef _____ mg IVP

TB Test Attached Perform TB testing

TB Protocol: Baseline testing: Quantiferon Gold (QFT Gold) or PPD. Yearly TB Screening (*Optional*)

Hepatitis B Protocol: Hep B surface antigen and Hep B Core AB total required.

**** Date of last** Remicade, Orencia, Humira, Enbrel dose: _____

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 LOCATION

Arlington Austin Dallas Houston Knoxville North Hills Plano Round Rock San Antonio Stone Oak
P: 817.200.2530 P: 512.261.4800 P: 972.408.2777 P: 713.860.1755 P: 865-299-7525 P: 817.284.2700 P: 469-974-0565 P: 737-443-5230 P: 210.366.4358 P: 210.485.3700
F: 817.509.0011 F: 512.261.4803 F: 469.913.6894 F: 713.277.7219 F: 865-338-5604 F: 817.284.2701 F: 469-608-2072 F: 737-402-7698 F: 210.366.4896 F: 210.390.1738

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