



SIMPONI ARIA (GOLIMUMAB) 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 (ICD-10: _____) Psoriatic Arthritis (ICD-10: _____)
 Ankylosing Spondylitis (ICD-10: _____)
 Other: _____ (ICD-10: _____)

Patient Weight: _____ lbs.

Allergies: _____

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

TB and Hepatitis B documentation attached

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

TB Protocol: Baseline testing: Quantiferon Gold (GFT Gold) or PPD. Yearly TB Screening (*optional*)

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

Lab Orders: _____

SIMPONI ARIA ORDERS

Initial dose: 2mg/kg at weeks 0, 4 and then every 8

Maintenance dose: 2mg/kg every 8 weeks

* Date of last Remicade, Orencia, Humira, Cimzia, Enbrel,
 Actemra, Kineret, Simponi ARIA 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

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