

**INFUSION & MEDICAL CENTER**

**1. Patient Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Patient Phone/Cell #** \_\_\_\_\_

**Patient demographic and insurance information to be faxed with Infusion Order Form**

**2. Medical Information (Please select primary diagnosis and complete ICD10 Code):**

Primary Diagnosis: \_\_\_\_\_ Rheumatoid Arthritis ICD-10 Code: \_\_\_\_\_  
 \_\_\_\_\_ Crohn's Disease ICD-10 Code: K50. \_\_\_\_\_  
 \_\_\_\_\_ Ulcerative Colitis ICD-10 Code: K51. \_\_\_\_\_  
 \_\_\_\_\_ Ankylosing Spondylitis ICD-10 Code: M45. \_\_\_\_\_  
 \_\_\_\_\_ Other: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Allergies: \_\_\_\_\_ (or attach list)

**3. Clinical Information – Please fax with Infusion Order Form:**

- Clinical MD Notes, labs, test supporting primary diagnosis
- TB Screening Results
- Hepatitis Screening Results

<b>Patient</b> <b>Weight:</b> _____ lbs. <b>Height:</b> _____ in.
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**Infliximab**

**4. Drug Order (select one):**

- Remicade** (J1745) Dose: \_\_\_\_\_ or \_\_\_\_\_ mg/kg every \_\_\_\_\_ weeks or  0, 2, 6 then every 8 weeks
- Inflectra** (Q5103) Dose: \_\_\_\_\_ or \_\_\_\_\_ mg/kg every \_\_\_\_\_ weeks or  0, 2, 6 then every 8 weeks
- Renflexis** (Q5104) Dose: \_\_\_\_\_ or \_\_\_\_\_ mg/kg every \_\_\_\_\_ weeks or  0, 2, 6 then every 8 weeks

Administer IV over 2 hours for a total of six months

**Pre-Medication Orders:** Acetaminophen 650 mg PO  
 Administered 30 min prior to infusion \*Adjust to patient's needs

Other: \_\_\_\_\_

**Adverse Drug Reaction Protocol:** Manage any adverse reaction that may occur per approved ADR Protocol.

By signing this form and utilizing these services, I am authorizing Intramed Plus to serve as my prior authorization agent with medical and pharmacy insurance providers.

**5. Physician Signature:** \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Dispense as written

Substitution permitted

Printed Physician's Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

<b>FAX ALL INFORMATION</b> <b>CENTRAL FAX 803.999.1754</b> <b>ALTERNATE FAX 803.999.1887</b>	<b>INFUSION CENTER LOCATIONS</b> <b>COLUMBIA CHARLESTON GREENVILLE</b> <b>CENTRAL INTAKE PHONE 800.767.6337</b>
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