

Princeton / Somerset New Jersey
49 Veronica Avenue
Suite 202
Somerset, NJ 08873

Long Branch
422 Morris Avenue
Suite 7
Long branch, NJ 07740

Marlton
127 Church Road
Suite 600
Marlton, NJ 08053



(tocilizumab)

ACTEMRA

Infusion orders

Date: _____

PATIENT INFORMATION

Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

REFERRAL STATUS

New Referral Referral Renewal Medication/Order Change Benefits Verification Only Discontinuation Order

PHYSICIAN INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

DIAGNOSIS Please provide ICD-10 code

- _____ Rheumatoid Arthritis (RA)
- _____ Giant Cell Arthritis (GCA)
- _____ Polyarticular Idiopathic Arthritis in > 2yro (PJIA)
- _____ Systemic Juvenile Idiopathic Arthritis (SJIA)

PRE-MEDICATION

- Tylenol 1000mg PO
- Diphenhydramine 25mg PO
- Cetirizine 10mg PO
- _____ (other)
- Solu-Medrol 125mg IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP
- _____ (other)

SPECIAL INSTRUCTIONS

ACTEMRA ORDERS

DOSE:

- Initial dose of 4mg/kg every 4 weeks, then 8mg/kg every 4 weeks
- 4mg/kg every 4 weeks
- 8mg/kg every 4 weeks
- Other _____

PATIENT WEIGHT

_____ lbs.
_____ kg

TOTAL DOSES:

- 1 yr _____ Other _____ Refill _____
- Route: SQ IV

NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____