Los Angeles, CA 2080 Century Park East Suite 710 Los Angeles, CA 90067





Office: 310-481-9944 Fax: 310-766-7001

INFUSION ORDERS NULOJIX (BELATACEPT)

Date:		

ENT INFORMATION					
DOB:					
Date of Referral:					
EFERRAL STATUS					
e ☐ Order Renewal ☐ Discontinuation Order					
OFFICE PREFERENCES (Optional)					
orrice Preferences (Optional)					
IOSIS AND ICD 10 CODE					
ICD 10 Code: Z94.0					
ICD 10 Code:					
RED DOCUMENTATION					
☐ Clinical/Progress notes supporting primary diagnosis					
☐ Labs and Tests supporting primary diagnosis					
☐ See attached lab draw protocol					
☐ Please include patient's Nulojix ID number assigned by the					
Nulojix Distribution Program					
nt:					
III.					
DICATION ORDERS					
opriate. If specific dates are requested, please include also.					
t 12.5mg.					
IV					
Maintenance Dosing Nulojix 5mg/kg IV					
□ other □ Nulojix mg IV					
1 year					
tient's weighton the day of infusiondiffers by 10% from					
mente weighten the day of matter amere by Te /o nom					
ICIAN INFORMATION					
Office Email:					
Office Email:					
Office Email: Date:					

Signature X Date_____

Provider Phone Fax