Boca Raton 9980 Central Park Blvd Suite 202, N Boca Raton, FL 33428



Provider Order Form

Provider _

Inebilizumab-cdon (Uplizna) Date:

Allergies: DOB: Date of Referral:		PATIENT INFORMATION
CD-10 code (required): ICD-10 description:	Name:	
Patient Status: New to Therapy Continuing Therapy Next Due Date (if applicable): Dose/Frequency Change Discontinuation		
Patient Status: New to Therapy Continuing Therapy Next Due Date (if applicable): Dose/Frequency Change Discontinuation		
Patient Status: New to Therapy Continuing Therapy Next Due Date (if applicable): Dose/Frequency Change Discontinuation PROVIDER INFORMATION	ICD-10 code (required):	ICD -10 description:
Referral Coordinator Name: Referral Coordinator Email: Ordering Provider: Provider NPI: Referral Coordinator Name: Referral Coordinator Email: Ordering Provider: Provider NPI: Referring Practice Name: Phone: Fax: Practice Address: City: State: Zip Code: NURSING Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation NOTE: IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 09.07.2021) Tuberculosis status and date (list results here & attach clinicals): Quantitative serum immunoglobulin (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals):	□ NKDA Allergies:	Weight lbs/kg:
Referral Coordinator Name: Referral Coordinator Email: Ordering Provider: Provider NPI: Referring Practice Name: Phone: Fax: Practice Address: City: State: Zip Code: NURSING Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation NOTE: IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 09.07.2021) Tuberculosis status and date (list results here & attach clinicals) Quantitative serum immunoglobulin (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Provider Norders Hepatitis B status & date (list results here & attach clinicals): Administer through an intravenous line containing low-protein binding of 10 containing on the first infusion Prequency: every 6 months from the first i	Patient Status: \square New to Therapy \square Continuing T	nerapy Next Due Date (if applicable) : Dose/Frequency Change Discontinuation (
Previdering Provider: Referring Practice Name: Practice Address: City: State: Zip Code: **Referring Practice Name: Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation NOTE: IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 09.07.2021) Tuberculosis status and date (list results here & attach clinicals) Quantitative serum immunoglobulin (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Administer through an intravenous line containing in low-protein binding 0.2 or 0.22 micron in-line filte of famotidine (Pepcid) 20mg PO Cetrizine (Zyrtec) 10mg PO Cother: Dose: Route: Prequency: Route: Prequency: Route: Prequency: Route: Prequency: Prequency: Route: Prequency: Route: Prequency: Prequency: Prequency: Previder Name (Print) Provider Name (Print) Provider Name (Print) Provider Name (Print) Provider Signature Provider Name (Print) Provider Name (Print) Provider Signature Provider Name (Print) Provider Name (Print) Provider Name (Print) Provider Name (Print) Provider Signature Provider Name (Print) Provider Name (Print) Provider Signature Passampropus (City) LABORATORY ORDES Bate: LABORATORY ORDES Calb cach dose every CAP att each dose every CRP att each dose every CMP att each dose e	·	PROVIDER INFORMATION
Referring Practice Name: Phone: Fax: Practice Address: City: State: Zip Code: NURSING Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation NOTE: IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 09.07.2021) Tuberculosis status and date (list results here & attach clinicals) Quantitative serum immunoglobulin (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): hepatitis B status & date (list results here & attach clinicals): methylprednisolone (Solu-Medrol) 125mg IV PRE-MEDICATION ORDERS (OPTIONAL) cetirizine (Zyrtec) 10mg PO methylprednisolone (Solu-Medrol) 125mg IV PRE-MEDICATION ORDERS (OPTIONAL) cetirizine (Zyrtec) 10mg PO other: Dose: Route:	Referral Coordinator Name:	Referral Coordinator Email:
Practice Address: City: State: Zip Code: NURSING LABORATORY ORDERS CRC	Ordering Provider:	Provider NPI:
Practice Address: City: State: Zip Code: NURSING LABORATORY ORDERS CRC	Referring Practice Name:	Phone: Fax:
NURSING □ Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation NOTE: IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 09.07.2021) □ Tuberculosis status and date (list results here & attach clinicals) □ Quantitative serum immunoglobulin (list results here & attach clinicals): □ Quantitative serum immunoglobulin (list results here & attach clinicals): □ Quantitative serum immunoglobulin (list results here & attach clinicals): □ PREN-MEDICATION ORDERS □ acetaminophen (Tylenol) 650mg PO □ diphenhydramine 50mg PO □ diphenhydramine 50mg PO □ methylprednisolone (Solu-Medrol) 125mg IV □ cetirizine (Zyrtec) 10mg PO □ loratadine (Claritin) 10mg PO □ loratadine (Claritin) 10mg PO □ loratadine (Claritin) 10mg PO □ famotidine (Pepcid) 20mg PO □ conductine (Pepcid) 20mg PO □ famotidine (Pepcid) 20mg PO □ ther: □ Dose: Route: □ Frequency: □ Patient required to stay for 60-min observation post infuguration and intravenous line containing low-protein binding 0.2 or 0.22 micron in-line filte plant required to stay for 60-min observation post infuguration and intravenous line containing low-protein binding 0.2 or 0.22 micron in-line filte plant required to stay for 60-min observation post infuguration and intravenous line containing low-protein binding 0.2 or 0.22 micron in-line filte plant required to stay for 60-min observation post infuguration and intravenous line containing low-protein binding 0.2 or 0.22 micron in-line filte plant required to stay for 60-min observation post infuguration and intravenous line containing low-protein binding 0.2 or 0.22 micron in-line filte plant required to stay for 60-min observation post infuguration and intravenous line containing low-protein binding 0.2 or 0.22 micron in-line filte plant required to stay for 60-min observation post infuguration and intravenous line containing low-protein bi		City: State: Zip Code:
Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation NOTE: IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 09.07.2021) Tuberculosis status and date (list results here & attach clinicals) Quantitative serum immunoglobulin (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): PREN-MEDICATION ORDERS acetaminophen (Tylenol) 650mg PO diphenhydramine 50mg PO diphenhydramine 50mg PO comethylprednisolone (Solu-Medrol) 125mg IV coloratadine (Claritin) 10mg PO coloratadine (Claritin) 10mg PO coloratadine (Claritin) 10mg PO coloratadine (Claritin) 10mg PO coloratadine (Pepcid) 20mg PO colorate: Route:		, , , , , , , , , , , , , , , , , , ,
Inaberculosis status and date (list results here & attach clinicals): Quantitative serum immunoglobulin (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clini	 Provide nursing care per IVX Nursing Proced reaction management and post-procedure ob NOTE: IVX Adverse Reaction Management P 	ures, including
attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B status & date (list results here & attach clinicals): Hepatitis B virus, quantitative serum immunoglobulins, and tuberculosis screening is required before the first dose. Prior to every infusion premedicate vith a corticosteroid, an antihistamine, and an antipyretic. Monitor patients closely during and for at least one hour after infusion. Provider Name (Print) Provider Signature Date	☑ Tuberculosis status and date (list results here	& attach clinicals) THERAPY ADMINISTRATION ☐ Inebilizumab-cdon (Uplizna) intravenous infusion. Dose: ☐C
Hepatitis B status & date (list results here & attach clinicals): Rate: Start at 42ml/hr x30 min, 125ml/hr x 30 min, 333ml/hr for remainder of infusion		Its here & Induction: Dose: 300mg in 250ml 0.9% sodium chloride
Administer through an intravenous line containing acetaminophen (Tylenol) 650mg PO diphenhydramine 50mg PO methylprednisolone (Solu-Medrol) 125mg IV PRE-MEDICATION ORDERS (OPTIONAL) □ cetirizine (Zyrtec) 10mg PO □ loratadine (Claritin) 10mg PO □ famotidine (Pepcid) 20mg PO Other: □ Dose: □ Frequency: □ Route: □ Frequency: □ Frequency: □ Mainternance: □ Dose: 300mg in 250ml 0.9% sodium chloride. Dose: □ Frequency: every 6 months from the first infusion □ Rate: Start at 42ml/hr x30 min, 125ml/hr x 30 min, □ 333ml/hr for remainder of infusion □ Duration should be approximately 90 minutes □ Administer through an intravenous line containing □ low-protein binding 0.2 or 0.22 micron in-line filte □ Flush with 0.9% sodium chloride at the completion of i □ Patient required to stay for 60-min observation post infu □ Refills: □ Zero / □ for 12 months / □ (if not indicated order will expire one year from date sign of the provider Name (Print) Provider Name (Print) Provider Signature Administer through an intravenous line containing □ low-protein binding 0.2 or 0.22 micron in-line filte After induction, continue with maintenance dosing Maintenance: □ Dose: 300mg in 250ml 0.9% sodium chloride. Dose: □ Frequency: every 6 months from the first infusion □ Rate: Start at 42ml/hr x30 min, 125ml/hr x 30 min, □ 333ml/hr for remainder of infusion □ Duration should be approximately 90 minutes □ Administer through an intravenous line containing □ Duration should be approximately 90 minutes □ Administer through an intravenous line containing □ Duration should be approximately 90 minutes □ Administer through an intravenous line containing □ Duration should be approximately 90 minutes □ Administer through an intravenous line containing □ Duration should be approximately 90 minutes □ Administer through an intravenous line containing □ Duration should be approximately 90 minutes □ Administer through an intravenous line containing □ Duration should be approximately 90 minutes □ Provider Name (Print) = Name (Print) = Name (Print) = Nam	☑ Hepatitis B status & date (list results here & a	tach clinicals): Rate: Start at 42ml/hr x30 min, 125ml/hr x 30 min, th 333ml/hr for remainder of infusion
acetaminophen (Tylenol) 650mg PO diphenhydramine 50mg PO methylprednisolone (Solu-Medrol) 125mg IV PRE-MEDICATION ORDERS (OPTIONAL) □ cetirizine (Zyrtec) 10mg PO □ loratadine (Claritin) 10mg PO □ loratadine (Pepcid) 20mg PO □ ther: □ Dose: □ Route: □ Frequency: □ Route: □ Frequency: □ low-protein binding 0.2 or 0.22 micron in-line filte □ Dose: 300mg in 250ml 0.9% sodium chloride. Dose: 1 □ Rate: Start at 42ml/hr x30 min, 125ml/hr x 30 min, 125ml/hr corrections should be approximately 90 minutes □ Duration should be approximately 90 minutes □ Administer through an intravenous line containing □ low-protein binding 0.2 or 0.22 micron in-line filte □ Flush with 0.9% sodium chloride at the completion of i □ Patient required to stay for 60-min observation post infu □ Refills: □ Zero / □ for 12 months / □ □ Refills: □ Zero / □ for 12 months / □ □ (if not indicated order will expire one year from date sign strength and the correction of the sign strength and the co	PREN-MEDICATION ORDERS	
PRE-MEDICATION ORDERS (OPTIONAL) cetirizine (Zyrtec) 10mg PO loratadine (Claritin) 10mg PO famotidine (Pepcid) 20mg PO Other: Dose: Frequency: Frequency: Route: Frequency: Frequency: Route: Frequency: Provider Name (Print) Provider Signature Frequency: Provider Signature Frequency: every 6 months from the first infusion Rate: Start at 42ml/hr x 30 min, 125ml/hr x	☑ diphenhydramine 50mg PO	 low-protein binding 0.2 or 0.22 micron in-line filter. After induction, continue with maintenance dosing be discontinue.
Provider Name (Print) Provider Signature Date	□ cetirizine (Zyrtec) 10mg PO □ loratadine (Claritin) 10mg PO □ famotidine (Pepcid) 20mg PO Other: □ Dose: Route:	 Frequency: every 6 months from the first infusion Rate: Start at 42ml/hr x30 min, 125ml/hr x 30 min, th 333ml/hr for remainder of infusion Duration should be approximately 90 minutes Administer through an intravenous line containing a selection binding 0.2 or 0.22 micron in-line filter.
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G Company of the Comp	Provider Name (Print)	Provider Signature Date
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Phone Fax _