

Pensacola
41 Fairpoint Drive
Suite B
Gulf Breeze, FL 32561

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



(tocilizumab)

ACTEMRA

Infusion orders

Date: _____

PATIENT INFORMATION		
Name:	DOB:	SEX: M ☐ F ☐
ICD-10 code (required):	ICD-10 description:	
☐ 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 <i>Please provide ICD-10 code</i> ☐ _____ Rheumatoid Arthritis (RA) ☐ _____ Giant Cell Arthritis (GCA) ☐ _____ Polyarticular Idiopathic Arthritis in > 2yro (PJIA) ☐ _____ Systemic Juvenile Idiopathic Arthritis (SJIA)	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 _____
PRE-MEDICATION ☐ Tylenol 1000mg PO ☐ Solu-Medrol 125mg IVP ☐ Diphenhydramine 25mg PO ☐ Solu-Cortef 100mg IVP ☐ Cetirizine 10mg PO ☐ Diphenhydramine 25mg IVP ☐ _____ (other) ☐ _____ (other)	PATIENT WEIGHT _____ lbs. _____ kg
SPECIAL INSTRUCTIONS	TOTAL DOSES: ☐ 1 yr _____ ☐ Other _____ ☐ Refill _____ Route: ☐ SQ ☐ IV

NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____