

**PATIENT INFORMATION**

PATIENT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ALLERGIES:  SEE LIST  NKDA WEIGHT:  LB OR  KG

**REQUIRED DOCUMENTATION**

1. Insurance Card	2. H&P	3. Patient Demographics	4. Baseline LFTs and Lipid Panel	5. Medication List
6. TB Test	DATE:	RESULTS:		
7. Absolute Neutrophil Count	DATE:	RESULTS:		
8. Platelet Count	DATE:	RESULTS:		

**PRIMARY DIAGNOSIS**

M31.6 Other giant cell arteritis  M06.00 Rheumatoid arthritis without rheumatoid factor, unspecified site  
 M06.9 Rheumatoid arthritis, unspecified  M06.00 Rheumatoid arthritis without rheumatoid factor, multiple site  
 Other \_\_\_\_\_

**LABS**

Please list any labs to be drawn by the infusion clinic: \_\_\_\_\_  
 Absolute Neutrophil Count at month 2 and every 3 months thereafter  Platelet Count at month 2 and every 3 months thereafter  
 LFTs Count at month 2 and every 3 months thereafter

**PRE-MEDICATIONS**

Per infusion clinic protocol: No recommended standard pre-meds for Actemra  
 Provider Prescribed: \_\_\_\_\_

**PRIMARY MEDICATION ORDER**

**Actemra IV** **Frequency**  
 4mg/kg  6mg/kg  Every 4 weeks  Other \_\_\_\_\_  
 Fixed dose  8mg/kg FIRST DOSE?:  Yes  No  Refill x12 months unless otherwise noted.  
 Other: \_\_\_\_\_

**LINE USE/CARE ORDERS**

Start PIV/ACCESS CVC  Flush device per Parkway Pain Care & Rehabilitation PC - Life Specialty Solutions (See lifspecialtysolutions.com for detailed policy)  
 Other Flush Orders: Please send other line care orders if checking this box

**ADVERSE REACTION & ANAPHYLAXIS ORDERS**

Administer acute infusion and anaphylaxis medications per Parkway Pain Care & Rehabilitation PC - Life Specialty Solutions (See lifspecialtysolutions.com for detailed policy)  
 Other: (Please send other reaction orders if checking this box)

**PRESCRIBER INFORMATION**

PROVIDER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 OFFICE CONTACT: \_\_\_\_\_ FAX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_ NPI AND LICENSE: \_\_\_\_\_

**X**

PROVIDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_