

**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. History & Physical  | 3. Patient Demographics | 4. Medication List | 5. Most Recent Labs |
| 6. MRI Results    | 7. Negative TB Results | 8. Hepatitis Panel      |                    |                     |

**PRIMARY DIAGNOSIS**

- M05.79 Rheumatoid arthritis with rheumatoid factor, multiple sites without organ or systems involvement  
 M05.9 Rheumatoid arthritis with rheumatoid factor, unspecified  M06.00 Rheumatoid arthritis without rheumatoid factor, unspecified site  
 M06.89 Other specified rheumatoid arthritis, multiple sites  M06.9 Rheumatoid arthritis, unspecified  
 Other \_\_\_\_\_

**LABS ORDERS: PLEASE INCLUDE FREQUENCY**

Please list any labs to be drawn by the infusion clinic: \_\_\_\_\_

**PRE-MEDICATIONS**

- Per infusion clinic protocol: There are no recommended standard pre-meds for Orenzia  
 Provider Prescribed: \_\_\_\_\_

**PRIMARY MEDICATION ORDER**

- Weight <60kg: Orenzia 500mg IV at week 0, 2, 4, and every 4 weeks thereafter  
 Weight 60kg-100kg: Orenzia 750mg IV at week 0, 2, 4, and every 4 weeks thereafter  
 Weight >100kg: Orenzia 1000mg IV at week 0, 2, 4, and every 4 weeks thereafter  Orenzia \_\_\_\_\_ mg IV every \_\_\_\_\_ weeks  
 Other \_\_\_\_\_ FIRST DOSE?:  Yes  No  Refill x12 months unless otherwise noted.

**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 \_\_\_\_\_