RENFLEXIS

Orders

INFLIXIMAB-ABDA

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Locations: ☐ Dublin, OH ☐ Lancaster, OH

INFUSE ONE OHIO

PATIENT INFORMATION

Patient Name _____ **Date of Birth** _____ **Gender** ☐ M ☐ F

Patient Address / City / State / ZIP _____ **Phone** _____

DIAGNOSIS

PLEASE PROVIDE ICD-10 CODE

☐ Rheumatoid Arthritis	_____	☐ Crohn's Disease	_____
☐ Psoriatic Arthritis	_____	☐ Ulcerative Colitis	_____
☐ Plaque Psoriasis	_____	☐ Ankylosing Spondylitis	_____

PRE-MEDICATIONS

OPTIONAL - CHECK ALL THAT APPLY

☐ Acetaminophen 1000 mg PO	☐ Solu-Medrol 125 mg IVP
☐ Diphenhydramine 25 mg PO	☐ Solu-Cortef 100 mg IVP
☐ Cetirizine 10 mg PO	☐ Diphenhydramine 25 mg IVP
☐ Other _____	☐ Other _____

RENFLEXIS ORDERS

DOSAGE

☐ _____ mg/kg - weight-based

☐ _____ mg - flat-dosed

PATIENT WEIGHT

Pounds _____ **Kilograms** _____

FREQUENCY

☐ Weeks 0, 2, 6, then every 8 weeks ☐ Every _____ weeks

NOTES

ORDERING PROVIDER

Provider NPI _____ **Phone** _____ **Fax** _____

Provider Name _____

Provider Address _____

Prescriber Signature _____ **Date** _____