

PROVIDERS: Please include the following to expedite the order:

Patient Demographics, Most Recent Office Visit Note, Insurance Information, TB Test

PATIENT INFORMATIONReferral Status: New Referral Updated Order Order Renewal

Date: Patient Name: Patient Phone: DOB:

ICD-10 code (required): Z94.0 ICD Description:

Allergies: Weight (lbs/kg): Height:

Patient Status: New to Therapy Continuing Therapy Last Treatment Date: Next Due Date:**PROVIDER INFORMATION**

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip:

NURSING

- Center will use Hypersensitivity protocol established by Infuse One Ohio
- TB Status and Date (list results & attach clinicals): _____
- EBV Status and Date (list results & attached clinicals) _____
NULOJIX is contraindicated in patients who are EBV seronegative or with unknown serostatus.
- Date of Transplant: _____

PRE-MEDICATION ORDERS

Pre-Medications not usually indicated.

- Diphenhydramine 25mg / 50mg PO / IV
- Acetaminophen 325mg / 500mg / 650mg PO
- Other: _____
Dose: _____ Route: _____ Frequency: _____

SPECIAL INSTRUCTIONS:

Provider Name (Print)	Provider Signature	Date
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- Please check this box if you DO NOT authorize Infuse One Ohio to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.