

Patient Information	Prescriber Information
Name: _____	Prescriber Name: _____
DOB: _____	NPI: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____
Zip: _____ Weight: _____	State: _____ Zip: _____
Phone: _____	Phone: _____
Allergies: _____	

- Remicade (Infliximab)
 Avsola (Infliximab -axxq)
 Inflectra (Infliximab -dyyb)
 Renflexis (Infliximab -abda)
 Entyvio
 Stelara
 Venofer 100mg or 200mg
 Injectafer 750mg

Diagnosis (Please provide ICD-10 Code):
_____ Crohn's Disease _____ Ulcerative Colitis _____ Iron Deficiency Anemia _____ Other

Nursing Orders: Hold infusions and notify provider for:

Signs/symptoms of illness or active infection, planned/recent surgical procedures, cough, fever, night sweats, unintended weight loss, recent live vaccinations, active shingles.

If infusion related reaction occurs, stop infusion and follow Hypersensitivity Reaction Management Policy/Protocol as clinically indicated.

Premedications:
<input type="checkbox"/> Tylenol 650mg PO <input type="checkbox"/> Loratadine 10mg PO <input type="checkbox"/> Benadryl 25mg IV or PO <input type="checkbox"/> Solu-Medrol 40mg, 125mg or _____mg <input type="checkbox"/> Other: _____ IV or PO
Order valid for one year unless otherwise indicated. IV solutions and diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.

<input type="checkbox"/> Remicade <input type="checkbox"/> Avsola <input type="checkbox"/> Inflectra <input type="checkbox"/> Renflexis	_____mg/kg <input type="checkbox"/> Weeks 0, 2, and 6, then every _____ weeks <input type="checkbox"/> Every _____ weeks Mixed in 250 mL (or 500 mL for doses exceeding 1000mg) 0.9% sodium chloride. Use in-line, sterile, non-pyrogenic low protein binding filter (pore size 1.2 micron or less).
<input type="checkbox"/> Entyvio 300mg IV	<input type="checkbox"/> Weeks 0, 2, and 6, then every _____ weeks <input type="checkbox"/> Every _____ weeks Mixed in 250 mL 0.9% sodium chloride. Use in-line, sterile, non-pyrogenic low protein binding filter (pore size 1.2 micron or less).
<input type="checkbox"/> Stelara IV <55kg = 260mg. 55kg-85kg = 390mg. >85kg = 520mg.	_____mg One time infusion (loading dose) Mixed in 250 mL 0.9% sodium chloride. Use in-line, sterile, non-pyrogenic low protein binding filter (pore size 1.2 micron or less).
<input type="checkbox"/> Injectafer 750mg IV	Give 2 doses at least 7 days apart. Mixed in 250 ml 0.9% sodium chloride.
<input type="checkbox"/> Venofer 100 mg IV <input type="checkbox"/> Venofer 200 mg IV	_____mg X _____doses over _____ days _____mg X 5 doses over 14 days _____mg weekly X 5 weeks Mixed in 100 ml 0.9% sodium chloride.

Prescriber Name (Please print): _____
 Prescriber Signature: _____ Date: _____

Please include a copy of the latest insurance information as well as all applicable clinical notes.

Email to: orders@alliedinfusion.com Fax to: 832-698-3961