



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

Prescriber Information	
Prescriber Name:	_____
NPI:	_____
Address:	_____
City:	_____
State:	Zip: _____
Phone:	_____

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 <div style="text-align: right;">IV</div>	_____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"/> Skyrizi IV	<input type="checkbox"/> 600 mg IV at weeks 0, 4, and 8 Mixed in 100ml D5W. Use in-line, sterile, non-pyrogenic low protein binding filter (pore size 1.2 micron or less).
<input type="checkbox"/> Injactafer 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