

Patient Information

Patient Name:		DOB:	
Patient Phone:		Patient Email:	
NKDA	Allergies:	Weight lbs/kg:	Height:
Patient Status:	New to Therapy	Continuing Therapy	Therapy Change
			Last infusion date (if applicable): _____
Is the patient pregnant, planning a pregnancy or nursing:		Yes	No
		Does the patient need interpreter services:	
		Yes	No

Provider Information

Referral Coordinator Name:		Referral Coordinator Email:	
Ordering Provider:		Provider NPI:	
Referring Practice Name:		Phone:	Fax:
Practice Address:		City:	State: Zip:

ICD-10 CODE

Medication Order

Keytruda (pembrolizumab)	Dose:	Frequency:
	200mg IV	Every 3 weeks
	400mg IV	Every 6 weeks
	Other: _____	

Documentation Required (Note: Send all labs, must include specific labs listed here)

Labs: Liver enzymes, creatinine, thyroid function	Insurance Card (front and back)
Current Medications	History/Progress Notes

Pre-Medication Order

acetaminophen (Tylenol)	500mg	650mg	1000mg PO	diphenhydramine (Benadryl)	25mg	50mg /	PO	IV
cetirizine (Zyrtec)	10mg PO			methylprednisolone (Solu-Medrol)	40mg IV	125mg IV		
loratadine (Claritin)	10mg PO			hydrocortisone (Solu-Cortef)	100mg IV			
Other: _____								
Dose: _____			Route: _____			Frequency: _____		

Special Instructions (Prior therapy, treatment dates, and reasons for d/c)

_____ Provider Name	_____ Provider Signature	_____ Date
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Order Expiration Date (mm/dd/yy): _____ (If not indicated order will expire one year from date signature) Check here if this is a stat order

Patient Information

Patient Name:	DOB:	Sex:	M	F
Patient Phone:	Fasting:	Y	N	

Lab Test (Please circle or write in ICD-10)

ALT R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21	HIV VIRAL LOAD Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, Z11.4, Z21, B20
AST R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21	IgE J45.4, J45.3, L50.9, J45.40, J45.50
HEPATIC FUNCTION PANEL R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21	IgG G35, G36.0
BASIC METABOLIC PANEL I10, E87.1, Z79.899, E87.5, E80.20, G35, M81.0, M81.8, N18.9	IMMUNOGLOBULIN QUANT IgG, IgM, IgA G35, G36.0
CALCIUM M81.0, M81.8	IMMUNOGLOBULIN QUANT IgG, IgM, IgA, IgE G35, G36.0
CBC (INCLUDES DIFF/PLT) I10, D64.9, Z00.00, R53.83, G35, C50.011, D70.9, D50.0, D63.1	IRON, TIBC, FER PNL D50.9, D64.9, D50.0, D50.8, Z00.00, D63.1, N18.9
CBC (H/H, RBC, WBC, PLT)s I10, Z00.00, Z13.0, D64.9, G35, C50.011, D70.9, D50.0, D63.1	LIPID PANEL Z79.899, E78.5, E55.9, E78.00, Z00.00, E78.01, E78.2
COMP METABOLIC PANEL I10, Z79.899, E78.5, E11.9, E78.2, E80.20, G35, M81.0, M81.8, N18.9	MAGNESIUM I10, Z79.899, R25.2, E83.42, Z00.00
CREATININE M81.0, M81.8, G35	PSA R97.20, C61, N40.1, Z12.5, N40.0
C-REACTIVE PROTEIN (CRP) R53.83, R79.82, M35.3, I10, M06.9, K50.90, K51.90, M32.9, L40.50	PROTHROMBIN TIME-INR Z79.01, I48.91, I48.0, Z51.81
FERRITIN D64.9, D50.9, D50.0, D50.8, Z00.00, D63.1, N18.9	TRANSFERRIN SATURATION D50.9, D64.9, D50.0, D50.8, Z00.00, D63.1, N18.9
G6PD M1A.9XX0, M1A.9XX1	QUANTIFERON TB GOLD Z79.899, Z00.00, Z01.84, M06.9, M08.9, M45.0, L40.0, L40.50, K51.90, K50.90
GROWTH HORMONE E22, C7A.1, E34	TSH E03.9, I10, E03.8, R53.83, E06.3, E05.00
HBSAG CONFIRMATION Z11.3, Z36.9, Z20.2, Z11.59, G35, K50.90, K51.90, L40.0, L40.50, M06.9, M45.0	URIC ACID M10.9, E79.0, I10, Z00.00, M1A.9XX0, M1A.9XX1
HEMOGLOBIN & HEMATOCRIT D50.9, D64.9, D50.0, D63.1, N18.9	VIT B12/FOLIC ACID M89.49, E53.8, R53.83, F41.8, F41.9, E05.00
HEMOGLOBIN A1C E11.9, E11.65, R73.01, Z00.00, I10	VIT D 25- HYDROX E55.9, Z00.00, R53.83, I10, Z79.899, M81.0, M81.8
HEP B SURF AG Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, G35, K50.90, K51.90, L40.0, L40.50, M06.9, M45.0	Miscellaneous Labs Not Listed (Write In)
HIV 4TH GEN Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, Z11.4, Z21, B20	
HIV 1/2 AB DIFF Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, Z11.4, Z21, B20	

Frequency

Prior to each dose Yearly Other: Please Specify Below

Lab Test: _____ Frequency: _____

Lab Test: _____ Frequency: _____

Lab Test: _____ Frequency: _____

Lab Test: _____ Frequency: _____

Provider Name	Provider Signature	Date
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Provider Phone _____