

Patient Information

Patient Name:		DOB:	
Patient Home Phone:	Patient Cell Phone:	Patient Email:	
Emergency/Alternate Contact Name:		Emergency/Alternate Contact Phone:	
NKDA	Allergies:	Weight lbs/kg:	Height:
Patient Status:	New to Therapy	Continuing Therapy	Therapy Change
Is the patient pregnant, planning a pregnancy or nursing:		Last infusion date (if applicable): _____	
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

M06.9 Rheumatoid arthritis	M08.40 Polyarticular juvenile idiopathic arthritis
M31.6 Giant Cell arteritis	D89.839 Cytokine release syndrome, grade unspecified
M34.81 Systemic sclerosis associated interstitial lung disease	Other: _____

Medication Order

No brand preference. AleraCare will select product based on payer policy. Brand preference: _____

Dose (IV Infusion): 4mg/kg IV 6mg/kg IV 8mg/kg IV 10mg/kg IV 12mg/kg IV Other: _____ mg/kg IV

round up to the nearest whole vial give exact dose

Frequency (IV Infusion): every 2 weeks every 4 weeks Other: _____

Dose (SC Injection): 162mg SC **Frequency (SC Injection):** every week every 2 weeks every 3 weeks Other: _____

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

Labs (Need Negative TB)	Insurance Card (front and back)	Current Medications	History/Progress Notes
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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

Order is valid for 1 year from date of signature and refills will be provided to cover the duration of treatment unless otherwise indicated.

Check here if this is a stat order

