



Heartland Infusion Pharmacy

Phone: (865) 862 - 4557

www.heartlandinfusion.com

Fax: (865) 862 - 4556
Alt. Fax: (865) 867 - 7081

Infliximab Order Form

Please fax completed form with patient demographic information, front and back of insurance card (s), recent lab results, and recent office visit notes supporting diagnosis to (865) 862-4556.

Referral Status: [] New referral [] Dose or frequency change [] Order Renewal

PATIENT INFORMATION

Name:
Home Phone: Cell Phone:
Email: Last four Social Security number
DOB: Height: Weight:
Allergies:
ICD-10 Diagnosis Code: Years with Disease:
TB Test (Circle One): Skin Quantiferon Chest Xray Result: Date:

LABORATORY ORDERS

[] CBC w/ Diff [] each infusion [] Other
[] CRP [] each infusion [] Other
[] CMP [] each infusion [] Other
[] ESR [] each infusion [] Other
[] Hepatic Panel [] each infusion [] Other
[] Renal Panel [] each infusion [] Other
[] Quantiferon TB (annually) Due:
[] Other

Therapy Orders [] Pharmacist to select product

[] Remicade (infliximab) [] Renflexis (infliximab-abda) [] Infelectra (infliximab-dyyb) [] Avsola (infliximab-axxq)
[] Induction: Administer mg at weeks 0, 2, 6, THEN mg (flat dose) OR at mg/kg every weeks
[] Maintenance: Administer mg (flat dose) OR mg/kg over 2 hours OR other (specify):
[] DAW - Do not round to nearest vial size [] Nursing per Heartland Nursing Procedures (incl reaction management)

[] Pre-Medications [] No routine pre-medications required

[] Tylenol (acetaminophen) mg PO [] Zyrtec (cetirizine) 10 mg PO
[] Solu-Medrol (methylprednisolone) mg IV [] Claritin (loratadine) 10 mg PO
[] Benadryl (diphenhydramine) mg [] PO [] IV
[] Other:

PHYSICIAN INFORMATION

Physician's Name:
License #: NPI#: DEA#:
Address:
City: State: Zip:
Office Contact: Email:
Office Phone: Office Fax:

Physician Signature: Date:

Patient is being referred to: [] Knoxville [] Morristown [] Kingsport