Phone: (865) 862 - 4557
www.heartlandinfusion.com
Fax: (865) 862 - 4556
Alt. Fax: (865) 867 - 7081

Soliris 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

☐ Induction: Administer 600 mg Soliris (eculizumab) weekly for weeks 0-4; 900 mg week 5; 900 mg week 7 **OR**
Administer 900 mg Soliris (eculizumab) weekly for weeks 0-4; 1200 mg week 5; 1200 mg week 7

☐ Maintenance: Administer ☐ 900 mg Soliris (eculizumab) every 2 weeks **OR** ☐ 1200 mg Soliris (eculizumab) every 2 weeks

☐ Patient is required to stay for 60 minutes observation post infusion

☐ 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