



Patient Name: _____
Patient Phone: _____

DOB: _____
SEX: M F

Please Attach All Insurance Information, front and back

MEDICAL INFORMATION

Diagnosis: K50.90 Crohn's disease, unspecified, without complications
K51.90 Ulcerative colitis, unspecified, without complications
M05.79 Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement
M06.09 Rheumatoid arthritis without rheumatoid factor, multiple sites
M06.9 Rheumatoid arthritis, unspecified
Other _____

ALSO INCLUDE...

- Clinical/Progress Notes
- Demographics Sheet
- Insurance Cards
- Current Medications
- Labs

ICD-10 _____

REMICADE ORDER

Choose a Medication:

Remicade

Renflexis

Patients Weight: _____ kg

Dosage & Frequency:

Initial/Reload Dosing: _____ mg/kg IV on day 0, 2 weeks, 6 weeks then every _____ 6 or 8 weeks.

Maintenance Dosing: _____ mg/kg IV every _____ 6 or 8 weeks.
5mg/kg 3mg/kg other: _____ mg/kg

PreMeds:

Benadryl APAP Famotidine Benadryl 50 mg PO
50mg IV 500 mg PO 20mg IV

Date of last Infusion: _____

Additional Comments:

PHYSICIAN INFORMATION

Referring Physician: _____

Phone: _____

Practice Address: _____

Office Contact: _____

Fax: _____

NPI/ TIN: _____

Referring Physician's Signature _____

Date: _____