Orencia® (abatacept) Referral Form

BIOHEALTH
INFUSION CENTER

www.biohealthic.com | info@biohealthic.com

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

DOB: Patient Name: Patient Phone:

Patient Address: Patient Email:

NKDA Allergies: Weight (lbs/kg): Height:

ICD-10 code (required): ICD-10 description: Last Treatment Date: Last 4 SSN:

PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

NURSING

☑ Infusion to be administered per BioHealth protocols.

LABORATORY ORDERS

CBC At each dose Every ______________________

CMP At each dose Every ______________________

CRP At each dose Every ______________________

OTHER

PREMEDICATIONS

acetaminophen (Tylenol) 500 mg 650 mg 10000 mg PO

cetirizine (Zyrtec) 10mg PO

loratadine (Claritin) 10mg PO

diphenhydramine (Benadryl) 25 mg 50 mg PO IV

methylprednisolone (Solu-Medrol) 40mg 125mg IV

hydrocortisone (Solu-Cortef) 100mg IV

Other: ____

Dose: ________________ Route: _____________________

ORENCIA THERAPY ADMINISTRATION

INITIAL/RELOAD AND MAINTENANCE DOSING:

Administer at 0, 2, and 4 weeks, and then every 4 weeks

Body Weight of Patient Dose

Less than 60 kg (500 mg)

60 to 100 kg (750 mg)

More than 100 kg (1000 mg)

MAINTENANCE DOSE ONLY:

Administer every 4 weeks

Body Weight of Patient Dose

Less than 60 kg (500 mg)

60 to 100 kg (750 mg)

More than 100 kg (1000 mg)

Other:

Administer _____ mg every ______ weeks

REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Current Medication List and H&P

Hep B Surface Antigen (within 36 months)

TB Results (within 6 months)

Heb B Core

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. **Order is valid for one year unless otherwise noted**

Provider Name (Print) **Provider Signature** **Date**

Have a Question? (786)460-6044

Fax Referral Form To: (786)219-3917

8684 SUNSET DRIVE MIAMI FL 33143