

ORENCIA INFUSION ORDER (Abatecept)



INFUSIONMED | USA
LIVING YOUR BEST LIFE. ONE DROP AT A TIME.

Date: ___/___/___

PATIENT INFORMATION

Patient Name: _____ DOB: ___/___/___ Phone: _____

Height: _____ Weight _____ lbs / kg

Allergies: _____

Diagnosis: _____ ICD-10: _____

Labs to be drawn by: Infusion Clinic Referring Physician

Labs: _____

TB TEST / CHEST X-RAY

TB Result: _____ Test Date: ___/___/___

Hep B Result: _____ Test Date: ___/___/___

PRE-MEDICATIONS

Diphenhydrc PO IV 25mg 50mg Pre-Med PRN

Tylenol: PO 650mg Pre-Med PRN

ORENCIA (ABATACEPT) IV DOSING

DOSE: 500 mg (>60kg) 750 mg (60-100 kg) 1 gram (> 100kg)

FREQUENCY: initial dose on days 1, 15, 29 THEN Q4 weeks

DURATION: _____

PROVIDER INFORMATION

Provider's Name: _____ Signature: _____

Phone: _____ Fax: _____ Date: ___/___/___

Office Address: _____

Email Address: _____ Contact Person: _____

PLEASE SEND COPY (FRONT AND BACK) OF INSURANCE CARD

PHONE: 972-810-0990



FAX: 972-810-0994