

INFLIXIMAB ORDER FORM

REFERRAL TYPE

New Referral
 Order Renewal
 Restart
 Frequency Change
 Dosage Change

PREFERRED LOCATION

<input type="checkbox"/> 2730 University Blvd. West Suite 714 Wheaton, MD 20902	<input type="checkbox"/> 14995 Shady Grove Road Suite 250 Rockville, MD 20850	<input type="checkbox"/> 5454 Wisconsin Avenue Suite 600 Chevy Chase, MD 20815
<input type="checkbox"/> 18111 Prince Philip Drive Suite 323 Olney, MD 20832	<input type="checkbox"/> 71 Thomas Johnson Drive Frederick, MD 21702	<input type="checkbox"/> 2021 K Street, NW Suite 300 Washington, DC 20006
	<input type="checkbox"/> 3027 Javier Road Suite 2 Fairfax, VA 22031	

PATIENT INFORMATION

Name:	DOB:	Email:	
Address:	Weight:	KG	LBS
			Phone:

REFERRING PHYSICIAN INFORMATION

Name:	NPI:	
Office Contact Name:	Phone:	Fax:
Address:		

INFLIXIMAB ORDER

We do not accept off-label diagnoses, dosages, or frequencies.

Dosing/Frequency:	Preferred Product: <input type="checkbox"/> None <input type="checkbox"/> Inflectra <input type="checkbox"/> Remicade <input type="checkbox"/> Renflexis
<input type="checkbox"/> Initial Dose: _____ mg/kg IV on 0, 2 and 6 weeks, then every _____ weeks	
<input type="checkbox"/> Maintenance Dose: _____ mg/kg IV every _____ weeks	

Diagnosis:

<input type="checkbox"/> K50.10—Crohn's disease of large intestine w/o complications	<input type="checkbox"/> L40.51—Distal interphalangeal psoriatic arthropathy
<input type="checkbox"/> K50.90—Crohn's disease, unspecified, w/o complications	<input type="checkbox"/> L40.59—Other psoriatic arthropathy
<input type="checkbox"/> K51.00—Other ulcerative colitis w/o complications	
<input type="checkbox"/> K51.90—Ulcerative colitis, unspecified, w/o complications	
<input type="checkbox"/> M05.69—Rheumatoid arthritis of multiple sites with involvement of other organs and systems	
<input type="checkbox"/> M05.79—Rheumatoid arthritis with rheumatoid factor of multiple sites w/o organ or systems involvement	
<input type="checkbox"/> M05.89—Other rheumatoid arthritis with rheumatoid factor of multiple sites	
<input type="checkbox"/> M06.09—Rheumatoid arthritis w/o rheumatoid factor, multiple sites	
<input type="checkbox"/> M06.89—Other specified rheumatoid arthritis, multiple sites	

<input type="checkbox"/> Other Diagnosis:	ICD-10 Code (Required):
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Special Instructions:

Physicians Signature:	Date:	(Order is Valid for One Year)
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REQUIRED DOCUMENTATION

- Please fax the following documents and records:**
- Patient Demographics
 - Two most recent office notes (Supporting the DX and treatment ordered)
 - Most recent labs that include values for:
 - CMP, CBC, HBV Surface Antigen
 - TB Screening (PPD, QFT Gold or Tspot) or recent chest x-ray
 - Copy of the patient's insurance card(s) – front and back
 - Medication History
 - For continuation of treatment, include the last infusion note

We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.