



INFUSION ORDERS-ACTEMRA (TOCILIZUMAB)

PATIENT INFORMATION

Name: DOB: Allergies: Date of Referral:

REFERRAL STATUS

Referral status options: New Referral, Dose or Frequency Change, Order Renewal

INFUSION OFFICE PREFERENCES (Optional)

Preferred Location*:

*List of infusion center locations may be found at: https://metroinfusioncenter.com/infusion-center-locations/

Please note: Requests will be accommodated based on infusion center availability and are not guaranteed.

DIAGNOSIS AND ICD 10 CODE

Diagnosis options: Rheumatoid Arthritis, Systemic Juvenile Idiopathic Arthritis (SJIA), Polyarticular Juvenile Idiopathic Arthritis (PJIA), Other. Includes ICD 10 codes.

REQUIRED DOCUMENTATION

Documentation checkboxes: This signed order form by the provider, Patient demographics AND insurance information, TB Test Results, Clinical/Progress notes, Labs and Tests supporting primary diagnosis

List Tried & Failed Therapies, including duration of treatment: 1) 2) 3)

MEDICATION ORDERS**

Medication orders for Rheumatoid Arthritis, SJIA, and PJIA dosing. Includes patient weight field and refill options.

PRESCRIBER INFORMATION

Prescriber information fields: Prescriber Name, Office Phone, Office Fax, Office Email, Prescriber Signature, Date