Sarah Bush Lincoln

NOTE: PLEASE COMPLETE ELECTRONIC VERSION, PRINT AND FAX .... Handwritten forms will not be accepted.

PATIENT INFORMATION

Name: | DOB:

Allergies: | Date of Referral:

REFERRAL STATUS

☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

INFUSION OFFICE PREFERENCES (Optional)

Preferred Location* ☐ Mattoon ☐ Effingham

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

Diagnosis and ICD 10 CODE

Diagnosis	ICD 10 Code
☐ Rheumatoid Arthritis (RA)	ICD 10 Code: M06.9
☐ Chronic Lymphocytic Leukemia (CLL)	ICD 10 Code: C91.10
☐ Other Diagnosis:	ICD 10 Code: ____________________

REQUIRED DOCUMENTATION (referral will not be processed without the required documentation)

☐ This signed order form by the provider

☐ Patient demographics AND insurance information

*Patient may be required to submit a pregnancy test prior to treatment

☐ Clinical/Progress notes supporting primary diagnosis (must be within 1 year)

☐ Labs and Tests supporting primary diagnosis

☐ Hepatitis B Test Results: HBsAg & Total HepB Core Antibody (must be within 1 year)

MEDICATION ORDERS

Dosing Wt for Calculations Ht: Wt (in kg): BMI:

Initial Dosing

☐ J9312 Rituxan 1000mg IV every 14 days for two doses ONLY

☐ J9312 Rituxan 1000mg IV every 14 days for two doses; Repeat every 6 months

☐ J9312 Rituxan 1000mg IV once

☐ J9312 Rituxan 375mg/m² IV every ____________________

☐ Other: J9312 Rituxan ______________________________

Duration ☐ **None** ☐ **X 6 months** ☐ **X 1 year** ☐ **_________ doses**

PREMEDICATIONS

☐ Acetaminophen 650mg PO

☐ Diphenhydramine 25mg IV Push or PO

☐ Methylprednisolone 100mg Slow IV Push

☐ Other: ____

ADDITIONAL ORDERS / INFORMATION

PRESCRIBER INFORMATION

Prescriber name :

Office Phone: | Office Fax: | Office Email:

Prescriber Signature: | Date: | Time:

All information contained in this order form is strictly confidential and will become part of the patient's medical record.

Contact us with questions at:
Fax Completed Form and all documentation to:

☐ MATTOON
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Fax 217-348-2579

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