

Infliximab Referral Form



Patient Preferred Clinic (select one):

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 VIVO protocols.

LABORATORY ORDERS

☐ CBC	at each dose	every _____
☐ CMP	at each dose	every _____
☐ CRP	at each dose	every _____
OTHER _____		

PREMEDICATIONS

☐ acetaminophen (Tylenol)	500mg	650mg	1000mg	PO
☐ cetirizine (Zyrtec)	10mg			PO
☐ loratadine (Claritin)	10mg			PO
☐ diphenhydramine (Benadryl)	25mg	50mg		PO IV
☐ methylprednisolone (Solu-Medrol)	40mg	125mg		IV
☐ hydrocortisone (Solu-Cortef)	100mg			IV
Other: _____				
Dose: _____		Route: _____		
Frequency: _____				

THERAPY ADMINISTRATION: Many payors require patients start therapy with an infliximab biosimilar. Choose ONE of these two options:

Infuse **Infliximab (Remicade)** OR **Infliximab biosimilar/generic** as required by patient's insurance.

Do not use biosimilar/generic (subject to prior authorization).

- Dose:** _____ MG/KG **OR** _____ MG
- Frequency:** Load Week 0, 2, 6 and then every 8 weeks
Every 8 weeks Other

Required Documentation

Patient Demographics	Hep B Surface Antigen (within 36 months)
Insurance Card /Information	TB (with 6 months)
Progress Notes Supporting DX	
Current Medication List and H&P	

*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
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Have a Question? (212) 776-9090

Email Referrals To: info@specialtyinfusion.com

Fax Referrals To: (800) 540-1852

E-Prescribe: QuickRx 2nd Ave, 2355 2nd Avenue, New York NY 10035 Tel: 212-858-0659

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