

INFLIXIMAB

(Including Remicade and biosimilars: Renflexis, Avsola)

Fax to 888-360-2455 Email:Referrals@curbsideinfusion.com

	Email:Referrals@curbsideinfusion.com
PATIENT DEMOGRAPHICS	
Patient Name:	Patient's Phone Number:
Date of Birth:	Address:
Allergies: See List □ NKDA □	City, State, Zip:
Weight:kg	Patient's Email:
REQUIRED DOCUMENTATION	
Insurance Card • History & Physical • Patient Demographics	Medication List • Tried/Failed Therapies • Negative TB Results
LABS: PLEASE INCLUDE FREQUENCY	
Labs patient should be reminded to have drawn	
PRIMARY DIAGNOSIS	
 K50.00 Crohn's disease of small intestine without complications K50.10 Crohn's disease of large intestine without complications K50.90 Crohn's disease, unspecified without complications K51.00 Ulcerative (chronic) pancolitis without complications 	 K51.90 Ulcerative colitis, unspecified without complications M06.9 Rheumatoid arthritis, unspecified Other:
PRE-MEDICATIONS	
☑ Per infusion clinic protocol, there are no recommended standard pre-meds for Infliximab □ Provider Prescribed:	
PRIMARY MEDICATION ORDER	
 [*]Remicade or biosimilar (Renflexis, Avsola) may be used according to payer guidelines [*]To prohibit auto-substitution, please indicate specific brand required	
· First Dose: Y N	
Refill x12 months unless otherwise noted:	
	15 50X
ADVERSE REACTION & ANAPHYLAXIS ORDERS Administer acute infusion reaction and anaphylaxis medications per Curbside Infusion Venture protocol	□ Other: Please fax other reaction orders if checking this box
PROVIDER INFORMATION: PLEASE CHECK PREFERRED FOR	
Provider Name:	Office Contact:
Address:	Phone:
City, State, Zip:	□ Fax:

Provider Signature

NPI AND License:

**The information contained in this document will become a legal prescription. Follow all state Medical Board guidelines when completing, inclusive of guidelines that pertain to the number of prescriptions allowed on a single prescription form. If more than one page is required, make additional copies. Use state board mandated language for dispensing brand name medications or generic substitution and follow physician signature requirements. Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately at the address and telephone number set forth herein and obtain instructions as to proper destruction of the transmitted material.

□ Email: