

RITUXIMAB

(Including Rituxan and Truxima)

PATIENT DEMOGRAPHICS

Patient Name:	Patient's Phone Number:
Date of Birth:	Address:
Allergies: See List <input type="checkbox"/> NKDA <input type="checkbox"/>	City, State, Zip:
Weight: _____ lbs or _____ kg	Patient's Email:

REQUIRED DOCUMENTATION

- Insurance Card
- History & Physical
- Patient Demographics
- Most Recent Labs
- Medication List
- Hep B Panel: HBsAg, HBsAb (anti-HBs), HBcAb (anti-HBc)

PRIMARY DIAGNOSIS

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> D59.10 Autoimmune hemolytic anemia, unspecified | <input type="checkbox"/> M05.9 Rheumatoid arthritis with rheumatoid factor, unspecified | <input type="checkbox"/> M31.31 Wegener's granulomatosis with renal involvement |
| <input type="checkbox"/> D89.1 Cryoglobulinemia | <input type="checkbox"/> M06.09 Rheumatoid arthritis without rheumatoid factor, multiple sites | <input type="checkbox"/> M31.7 Microscopic polyangitis |
| <input type="checkbox"/> I77.6 Arteritis, unspecified | <input type="checkbox"/> M06.89 Other specified rheumatoid arthritis, multiple sites | <input type="checkbox"/> N01.7 Rapidly progressive nephrotic syndrome with diffuse crescentic glomerulonephritis |
| <input type="checkbox"/> M05.10 Rheumatoid lung disease w/rheumatoid arthritis of unspecified site | <input type="checkbox"/> M06.9 Rheumatoid arthritis, unspecified | <input type="checkbox"/> N03.2 Chronic nephritic syndrome with diffuse membranous glomerulonephritis |
| <input type="checkbox"/> M05.79 Rheumatoid arthritis with rheumatoid factor multiple sites without organ system involvement | <input type="checkbox"/> M31.30 Wegener's granulomatosis without renal involvement | <input type="checkbox"/> N04.2 Nephrotic syndrome with diffuse membranous glomerulonephritis |
| | | <input type="checkbox"/> Other: _____ |

LAB ORDERS: PLEASE INCLUDE FREQUENCY

Please list any labs to be drawn by the infusion clinic: _____

PRE-MEDICATIONS

- Per infusion clinic protocol: acetaminophen 650mg PO, diphenhydramine 25mg IV, and methylprednisolone 100mg IV 30 minutes prior to infusion
- Provider Prescribed: _____

PRIMARY MEDICATION ORDER

Rituxan or Truxima may be used according to payer guidelines.

*To prohibit auto-substitution, please indicate specific brand required _____

- Rituximab 1000mg IV on Day 1 and Day 15, repeat course 24 weeks after initial dose
- Rituximab 375mg/m² (_____ mg) IV once weekly for 4 weeks
- Other: _____

First Dose: Y N Refill x12 months unless otherwise noted: _____

LINE USE/CARE ORDERS

- Start PIV/ACCESS CVC Flush device per FlexCare Infusion Centers' protocol (See flexcareinfusion.com for detailed policy)
- Other Flush Orders: Please fax other line care orders if checking this box

ADVERSE REACTION & ANAPHYLAXIS ORDERS

- Administer acute infusion and anaphylaxis medications per FlexCare Infusion Centers' protocol (See flexcareinfusion.com for detailed policy)
- Other: Please fax other reaction orders if checking this box

PROVIDER INFORMATION: PLEASE CHECK PREFERRED FORM OF COMMUNICATION

Provider Name:	Office Contact:
Address:	Phone:
City, State, Zip:	<input type="checkbox"/> Fax:
NPI AND License:	<input type="checkbox"/> Email:

Provider Signature _____

Date _____