Phone and Fax: 608-690-7210
www.MySmartInfusion.com

Renflexis (Infliximab-abda)
Infusion Order Form

Patient Information

Patient Name: _____DOB: _____ M ☐ F ☐

Allergies: _____

☐ New Treatment ☐ Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

☐ Moderate to Severe Ulcerative Colitis	ICD 10 Code: K51.90	☐ Ankylosing Spondylitis	ICD 10 Code: M45.9
☐ Moderate to Severe Crohn's Disease	ICD 10 Code: K50.90	☐ Psoriatic Arthritis	ICD 10 Code: L40.52
☐ Rheumatoid Arthritis	ICD 10 Code: M06.9	☐ Plaque Psoriasis	ICD 10 Code: L40.0

Required Labs

TB/QuantiFERON (within 12 months & attach results)
Hepatitis B Status & Date: _____
Most recent CBC & CMP (attach results)

Pre-Medication Orders

Acetaminophen (Tylenol) ☐ 500mg ☐ 650mg ☐ 1000mg ☐ PO
Diphenhydramine (Benadryl) ☐ 25mg ☐ 50mg ☐ PO ☐ IV
Methylprednisolone (Solu-Medrol) ☐ 125mg ☐ IV
Ondansetron (Zofran) ☐ 4mg ☐ 8mg ☐ PO ☐ IV
Other: _____ Route: _____
Dose: _____ Frequency: _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures,
Including reaction management and post-procedure observation.

Special Instructions / Notes

Renflexis Medication Orders

Patient Weight: _____ KG

Dosage

☐ 3mg/kg IV ☐ 5mg/kg IV ☐ 10mg/kg IV
☐ _____mg/kg
We will round to the nearest full vial unless checked no ☐

Frequency

☐ Induction week 0, 2, 6 then every 8 weeks
☐ Maintenance every 8 weeks
☐ Other _____

Required Documents

☐ Patient Demographic Sheet
☐ H & P within the past 6 months
☐ Current Medication List
☐ Clinical & Progress Notes (including last infusion note)
☐ Copy of Insurance Card (Front/Back)

Location

☐ Eau Claire ☐ Weston ☐ Middleton

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____