

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

Orencia (Abatacept)

Infusion/ Subcutaneous Injection Order Form

| Patient Name: | DOB: M 🗆 F 🗆 |
|---|--|
| Allergies: | |
| ☐ New Treatment ☐ Continuing Treatment Last Treatment | Date: Next Due Date: |
| Diagnosis and ICD 10 Code (Required) □ Rheumatoid Arthritis ICD 10 Code: K51.90 □ Systemic Juvenile Idiopathic Arthritis ICD 10 Code: M06.9 □ Active Psoriatic Arthritis ICD 10 Code: L40.52 □ Other: ICD 10 Code: L40.52 | Orencia Medication Order Patient Weight: KG Infusion Dosage |
| Required Tests (within 12 months & attach results TB/Quantiferon Status & Date: Hepatitis B Status & Date: | □ 500mg IV □ 750mg IV □ 1000mg IV □ Other Frequency |
| Required Labs (within 3 months & attach results) CBC Results CMP Results CRP Results | ☐ Induction week 0, 2, 4 then every 4 weeks ☐ Maintenance every 4 weeks ☐ Other |
| Other: Pre-Medication Orders | <u>Injection</u> <u>Dosage</u> |
| Acetaminophen (Tylenol) | ☐ 50mg ☐ 87.5mg ☐ 125mg Frequency ☐ Weekly ☐ Other |
| Other: Route: | |
| Nursing Provide nursing care per Smart Infusion Nursing Procedures, Including reaction management and post-procedure observation. | Required Documents ☐ Patient Demographic Sheet ☐ H & P within the past 6 months ☐ Current Medication List ☐ Clinical and Progress Notes |
| Special Instructions / Notes | |
| Provider Information | |
| Provider Name: | Provider NPI: |
| Office Phone: | Office Fax: |
| Provider Signature: | Date: |