Email: intake@infuseone.com | Phone: 1-800-581-0645 | Please refer to website www.infuseone.com for location specific fax numbers



Infliximab (Remicade, Inflectra, Renflexis, Avsola) Infusion Orders

Patient Name:	DOB:		I Male □ Female	
Diagnosis (please provide ICD10 code): Ulcerative Coliti	S	☐ Crohn's Disease		
☐ Rheumatoid Arthritis		☐ Other:		
□ NKDA Allergies:				
☐ New Start Therapy ☐ Continuation of Therapy	Date of last do	Date of last dose (if applicable):		
Ordering Provider:				
Provider NPI:	Phone:	Fax:		
Practice Address:	City:	State:	Zip Code:	
PRE-MEDICATION		REQUIRED LABS		
☐ Acetaminophen1000mg PO ☐ Solu-Medrol 125mg l'☐ Diphenhydramine 25mg PO ☐ Solu-Cortef 100mg lV	P .	TB status and date (ple	ase attach results):	
☐ Ceterizine 10mg PO ☐ Diphenhydramine 25r	mg IVP ☑	Hepatitis B status & da	te (please attach results):	
ased on product availability and patient insurance requirements, pr DOSING: ☑ Mix in 250ml 0.9% sodium chloride, intravenous infus Dose: ☐ 5mg/kg ☐ 7.5mg/kg ☐ 10m		? hours	t:	
FREQUENCY:		REFILLS:		
☐ Dose at weeks 0, 2, and 6, then every 8 weeks	Γ			
☐ Maintenance dose every weeks				
Other:		(if not indicated prescription will expire one yed from date signed)		
Infuse One Standing Orders:				
Provide treatment under Infuse One's Clinical Guidelines, Nand Action Plan for Infusion Reactions.	Medication Safety P	rotocol, Emergency Guideli	nes,	
Provider Name	_			
Provider Signature		Date		

Perform test for latent TB; if positive, start treatment for TB prior to starting treatment. Monitor all patients for active TB during treatment, even if initial latent TB test is negative. Patients should be tested for HBV infection before initiating TNF blocker therapy, including Infliximab. For patients who test positive for hepatitis B surface antigen, consultation with a physician with expertise in the treatment of hepatitis B is recommended.