



Infusion for Health
77 Rolling Oaks Drive, Suite 201
Thousand Oaks, CA 91361
Phone: 805-719-3700 Fax: 805-852-2636

ACTEMRA ORDER
(Tocilizumab)

\*Please fax a copy of patient's demographics, insurance information, current lab results including TB, H&P relevant to the diagnosis and current medications

Date: \_\_\_/\_\_\_/\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Allergies: \_\_\_\_\_ Wt: \_\_\_\_\_ lbs / kg Ht: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ DX CODES: ICD-10: \_\_\_\_\_

TB TEST / CHEST X-RAY Result & Date: \_\_\_\_\_ [ ] COPY ATTACHED

PRE-MEDICATIONS:

(Usually not indicated) Benadryl [ ] PO [ ] IV [ ] 25mg [ ] 50mg [ ] Pre med [ ] PRN
Acetaminophen [ ] PO [ ] 650mg [ ] Pre med [ ] PRN

Actemra (Tocilizumab) IV Dosage
(maximum dose is 800 mg)
[ ] 4 mg/kg [ ] 8 mg/kg total dose : \_\_\_\_\_ mg
every [ ] 4 weeks or [ ] 2 weeks
Start Date of Infusion: \_\_\_/\_\_\_/\_\_\_

Printed Provider's Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Office phone number: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office address: \_\_\_\_\_ Contact person: \_\_\_\_\_