



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

ORENCIA ORDER
(Abatacept)

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

Date: ___/___/___

Patient Name: _____ DOB: ___/___/___

Allergies: _____ Wt: _____ lbs / kg Ht: _____

Diagnosis: _____ 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

Orencia (Abatacept) IV Dosage

[] 500 mg (<60 kg) [] 750 mg (60-100 kg) [] 1 gram (>100kg) [] Other: _____

Frequency: [] Initial dose on days 1, 15, 29 then [] q 4 weeks

Duration: _____

Printed Provider's Name: _____ NPI: _____

Provider's Signature: _____ Date: ___/___/___

Office phone number: _____ Office Fax: _____

Office address: _____ Contact person: _____