

# Actemra Order (Tocilizumab)



InfusionForHealth.com  
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Date: \_\_\_\_\_ Treatment Location: \_\_\_\_\_

**\*Please fax a copy of the following patient information:**

- Demographics     Insurance Information     Current CBC & CMP  
 H & P Relevant to the Diagnosis     Current Medications     TB Results

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs / kg    Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

## PROVIDER INFORMATION

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

**Signature:** \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## TB TEST / CHEST X-RAY

Result: \_\_\_\_\_ Test Date: \_\_\_\_\_  Copy Attached

## PRE-MEDICATIONS: (USUALLY NOT INDICATED)

Benadryl:             PO     IV     25mg     50mg     Pre-med     PRN

Acetaminophen:     325mg     650mg             Pre-med     PRN

## ACTEMRA (TOCILIZUMAB) IV DOSAGE

Date of Last Treatment, If Continuation: \_\_\_\_\_

### Maximum Dose is 800mg

4 mg/kg     8 mg/kg            Every  4 weeks    or     2 weeks            Total dose: \_\_\_\_\_ mg

Start Date of Infusion: \_\_\_\_\_