Spevigo

INFUSION FOR HEALTH

InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: ______________ Treatment Location: ______________

PROVIDERS: Please include the following to expedite the order.
Most Recent Office Visit Note, Insurance Information, Medication List, Labs, Negative TB Results

PATIENT INFORMATION

Patient Name: ______________

Patient Contact Number: ______________

DOB: ______________

Allergies: ______________

Weight: ________ lbs / kg Height: ________

Diagnosis: ☐ L40.1

Other Dx/ICD10: ______________

PRESCRIBER INFORMATION

Prescriber's Name: ______________

Signature: ______________

NPI: ________ Date: ________

Phone: ________ Fax: ________

Office Address: ______________

Contact Person: ______________

Contact Email: ______________

The following medications will be administered per prescribing information:

Pre-Medications: Not Usually Indicated

Center will use Hypersensitivity protocol established by Infusion for Health and P.I.

SPEVIGO DOSAGE:

Dose: 900 mg IV infusion

*** If flare symptoms persist, may administer an additional intravenous 900 mg dose one week after the initial dose.

To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.

Lab Orders: ☐ List: ______________

☐ Prior to first appointment ☐ Other Frequency: ______________

☐ Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

☐ Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.