

Date: \_\_\_\_\_ Treatment Location: \_\_\_\_\_

**PROVIDERS: Please include the following to expedite the order.**

Most Recent Office Visit Note, Medication List, Insurance Info, Pathology Reports, Imaging Related to diagnosis, and any current/concurrent treatment. CBC, CMP, Thyroid Panel

### PATIENT INFORMATION

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

Patient Contact Number: \_\_\_\_\_

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

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

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

Diagnosis:  C43.9  C34.90  C44.42  C81.1  C85.23

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:

No Premeds

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

**Additional:**

Diphenhydramine  25mg  50mg  PO  IV  Other \_\_\_\_\_  N/A

Acetaminophen  325mg  500mg  650mg  PO  Other \_\_\_\_\_  N/A

Methylprednisolone  40mg  125mg  IV  Other \_\_\_\_\_  N/A

Normal Saline Bolus  250mL  500mL  IV  Other \_\_\_\_\_  N/A

Cetirizine  10mg  PO  Other \_\_\_\_\_  N/A

### PEMBROLIZUMAB (KEYTRUDA)

**Administer via IV infusion:**

**200 mg every 3 weeks | 400 mg every 6 weeks**

**2 mg/kg (up to 200mg) every 3 weeks for pediatrics**

*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:**  CBC, CMP  Thyroid Panel  Other: \_\_\_\_\_

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.