Rituxan

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.
Required Labs: CBC and Hep B
List types of drugs/common drugs for tried/failed for prescribed med:
_____

PATIENT INFORMATION

Patient Name: _____

Patient Contact Number: _____

DOB: _____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: ☐ C85.90 ☐ C91.10 ☐ C91.11 ☐ M06.9 ☐ M31.3
☐ M31.7 ☐ L10.0 ☐ 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:

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

☐ Diphenhydramine	☐ 25mg ☐ 50mg	☐ PO	☐ IV	☐ Other _____	☐ N/A
☐ Acetaminophen	☐ 325mg ☐ 500mg ☐ 650mg	PO		☐ Other _____	☐ N/A
☐ Methylprednisolone	☐ 40mg ☐ 125mg		IV	☐ Other _____	☐ N/A

RITUXIMAB IV DOSAGE

Date of Last Treatment, If Continuation:

Dose: _____ **Frequency:** _____

Route: ☑ IV

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 with platelets, Hep B ☐ 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.