CONSULTANTS INC
SPECIALIZING IN INFECTIOUS DISEASES

Ambulatory Infusion Center

Parkway Medical Center
3609 Park East Drive #207
Beachwood, OH 44122

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216-360-9449 FAX

www.idconsultants.com/aic

INFUSION ORDERS - ACTEMRA (tocilizumab)

Date of Referral: _____ Infusion Location: ☐ Beachwood ☐ Middleburg Heights ☐ Painesville

Patient Information

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ WT (kg): _____ HT (in): _____

Diagnosis: _____ ICD10 Code: _____

Allergies: _____

PLEASE FAX SUPPORTING CLINICAL DOCUMENTATION, INCLUDING MEDICAL RECORDS/PROGRESS NOTES, LABS, and INSURANCE INFORMATION (both front and back of the card) ALONG WITH THIS FORM

ACTEMRA DOSING

☐ 4 mg/kg IV every 4 weeks w/ max dose of 800 mg for wt > than 100kg
☐ 8 mg/kg IV every 4 weeks w/ max dose of 800 mg for wt > than 100kg

☐ Premed Orders: _____

☐ Special Needs/Considerations: _____

Date of completed Hepatitis B vaccination or positive titer: _____

Date of last TB test: _____ Result: _____

If positive, Date of Negative Chest X-ray: _____

Prescribing Physician: _____

Address: _____

Physician Signature: _____ Date: _____

Physician Phone: _____ Fax: _____

LAB REQUIREMENTS and LAB MONITORING ARE THE RESPONSIBILITY OF THE PRESCRIBING PHYSICIANS