



# Ambulatory Infusion Center

Parkway Medical Center  
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## INFUSION ORDERS - BENLYSTA (belimumab)

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**

### BENLYSTA DOSING

10 mg/kg IV at 0, 2 and 4 weeks; then every 4 weeks thereafter X one year

Benlysta \_\_\_\_\_ mg IV at 0, 2 and 4 weeks; then every 4 weeks X one year

Premed Orders: \_\_\_\_\_

Special Needs/Considerations: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

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

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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