



CONSULTANTS INC
SPECIALIZING IN INFECTIOUS DISEASES

Ambulatory Infusion Center

Parkway Medical Center
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Beachwood, OH 44122

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INFUSION ORDERS - ORENCIA (abatacept)

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**

ORENCIA DOSING (based on weight)

- Less than 60 kg – 2 vials (500mg)
- Between 60 kg–100 kg – 3 vials (750 mg)
- Over 100kg – 4 vials (1000mg)
- Infusion schedule: Infused on weeks 0, 2, 4, and every 4 weeks thereafter
- Infuse every _____ weeks

Premed Orders: _____

Date of Hep B Screen: _____ Results: _____

Date of Hep B Screen: _____ Results: _____

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