



Ambulatory Infusion Center

Parkway Medical Center
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Beachwood, OH 44122

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INFUSION ORDERS - RENFLEXIS (infliximab-abda)

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

RENFLEXIS DOSING

- Renflexis dose of 3 mg/kg
- Renflexis dose of 5 mg/kg
- Round to the nearest 100 mg
- Renflexis specific dose of _____

Frequency:

- Loading dose on day 0, 2 weeks, 6 weeks, and every 8 weeks thereafter
- Specific dose frequency of _____

Premed Orders: _____

Special Needs/Considerations: _____

Date of last TB test: _____ Result: _____

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

Date of Hep B Screen: _____ Result: _____

Date of Hep B Surface Antigen (HBsAg): _____ Result: _____

Date of Hep B Surface Antibody (HBsAb/anti-HBs): _____ Result: _____

Date of Hep Core Antibody Total (HBcAb/anti-HBc): _____ Result: _____

Prescribing Physician: _____

Address: _____

Physician Signature: _____ Date: _____

Physician Phone: _____ Fax: _____

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