Clearwell
Infusion Centers

ORENCIA   (abatacept)

PATIENT DEMOGRAPHICS

Patient Name: _____

Date of Birth: _____   M: ☐   F: ☐   Address: _____

Phone: _____   City, State, Zip: _____

Email: _____

Allergies: [   ]

PRIMARY DIAGNOSIS

ICD-10 Code: [   ]

DOCUMENTATION (PLEASE ATTACH)

Clinical / Progress Notes, Labs, Tests supporting primary diagnosis

☐ TB status & date (attach results)

☐ Hepatitis B status & date (attach results)

Clearwell Infusion Centers will draw maintenance labs unless otherwise directed by Referring Provider

PRE-MEDICATION

☐ Acetaminophen 1000mg PO   ☐ Solu-Medrol 125mg IVP

☐ Diphenhydramine 25mg PO   ☐ Solu-Cortef 100mg IVP

☐ Ceterizine 10mg PO   ☐ Diphenhydramine 25mg IVP

☐ Loratadine 10mg PO   ☐ Other:

PRIMARY MEDICATION ORDER

Dosage

☐ 500mg

☐ 750mg

☐ 1000mg

Patient Weight:

_____ lbs

_____ kg

Frequency

☐ every 0,2,4, and every 4 weeks

☐ every _____ weeks

☐ Orencia (abatacept) subcutaneous injection

    ☐ 50mg   ☐ 87.5mg   ☐ 125mg

    ☐ Weekly   ☐ Other

NOTES

[   ]

ORDERING PROVIDER

Provider Name: _____   NPI: _____

Practice Name: _____   Phone: _____

Office Contact: _____   Fax: _____

Practice Address: _____

City, State, Zip: _____

Provider Signature: _____   Date: _____