



TRUXIMA® (RITUXIMAB-ABBS) ORDER FORM (* - Required Fields)

STAT REQUEST
(*REASON MUST BE PROVIDED BELOW)

<input type="checkbox"/> New Referral	<input type="checkbox"/> Order Renewal	<input type="checkbox"/> Medication/Order Change
<input type="checkbox"/> Benefits Verification Only	<input type="checkbox"/> Discontinuation Order	

Locations:

-----Oklahoma-----

Tulsa

PATIENT INFORMATION			
NAME*:	DOB*:	SEX:	M F
ADDRESS:		PHONE:	
WEIGHT:	LBS KG	HEIGHT:	EMAIL:
ALLERGIES:			

PHYSICIAN INFORMATION			
PHYSICIAN NAME*:		PRACTICE NAME:	
ADDRESS:		OFFICE CONTACT*:	
PHONE:	FAX:	EMAIL (FOR UPDATES):	

TRUXIMA ORDER*: <i>(SELECT ONE OF THE FOLLOWING)</i>	ICD-10*: _____
<input type="checkbox"/> Dosing: 1000 mg IV on day 0, day 14, then repeat the course every ___ weeks	
OR	
<input type="checkbox"/> Other Dosing: _____ mg /m ² IV weekly for 4 weeks	
OR	
<input type="checkbox"/> Other Dosing: _____ mg IV every _____	
Physician Signature* _____	Date*(Order is Valid for One Year) _____ <i>Infusion will be administered per policy and protocols</i>

REQUIRED DIAGNOSIS:
<input type="checkbox"/> Granulomatosis w/ Polyangiitis (GPA) Wegner's
<input type="checkbox"/> Microscopic Polyangiitis (MPA)
<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Other _____
*STAT REASON: <i>(STAT request will be assessed per MPP policy and protocol)</i>

REQUIRED DOCUMENTATION CHECKLIST:
<input type="checkbox"/> Patient Demographics
<input type="checkbox"/> Insurance Card/Information
<input type="checkbox"/> Clinical/Progress Notes supporting DX
<input type="checkbox"/> Current Medication List and H&P
<input type="checkbox"/> HepB Surf Ag (w/in 12 months)
<input type="checkbox"/> HepB Core Ab (w/in 12 months)
<input type="checkbox"/> CBC (w/in 12 months)
Last Infusion/Injection Date: _____
Package Insert States: Patients with a history of arrhythmia or angina should have cardiac monitoring during infusions with Tuxima. MPP does not perform cardiac monitoring and the referring MD understands and accepts that this will not be performed.

STANDING LAB ORDERS: <input type="checkbox"/> CMP <input type="checkbox"/> CBC
<input type="checkbox"/> Labs to be drawn by Infusion Center Frequency _____

NOTES/ADDITIONAL COMMENTS:
