MedRX Infusion
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MEDRXINFUSION.COM

Date Medication Needed: _____

Ship to: ☐Patient ☐Prescriber ☐Other: _____

☐ Self injection teaching needed

☐ Prescriber's office will teach patient self administration

Rheumatology Referral Form
(Subcutaneous injections)

This referral form is provided in order to best serve our patients and prescribers. Patients may choose any pharmacy of their choice.

Complete patient demographics below or otherwise provide the information requested along with this referral form. Also needed: 1) Patient insurance information (front and back of card) 2) History and physical, chart notes, laboratory results and other diagnostic tests needed to support the use of this medication 3) patient's medication history related to their current diagnosis/problem.

Patient name: _____ Date of birth: _____ height: _____ weight: _____

Address: _____ Allergies/Intolerances: _____

Phone number(s): _____ ☐ No known allergies: _____ Date of TB screening: _____

Treatment Diagnosis/Problem(s): _____ Failed Medication with reasons: _____

Prescriber name: _____ Contact person: _____

Office Address: _____

Phone number: _____ Fax number: _____ NPI number: _____

Prescription Information

☐ Actemra (tocilizumab) 162 mg pfs subcutaneously once weekly 4 weeks supply for _____ months

☐ Cimzia (certolizumab) 200 mg ☐pfs ☐vial subcutaneously, ☐400 mg weeks 0,2 and 4, then ☐200 mg q2wks ☐400 mg q4wks

☐ Starter Kit (6 x 200 mg pfs) 4 weeks supply for _____ months

☐Enbrel (etanercept) ☐25mg ☐50mg ☐pfs ☐ sureclick pen ☐vial,

subcutaneously _____ times weekly 4 weeks supply for _____ months

☐Humira (adalimumab) 40 mg ☐ pfs ☐ pen subcutaneously every 2 weeks or_____ 4 weeks supply for _____ months

☐Kineret (anakinra) 100 mg pfs subcutaneously daily 4 weeks supply for _____ months

☐Orencia (abatacept) 125 mg pfs w/saf ndl subcutaneously weekly 4 weeks supply for _____ months

☐Simponi (golimumab) 50 mg ☐pfs, ☐smartject, subcutaneously once a month 4 weeks supply for _____ months

☐Stelara (ustekinumab) ☐45 mg ☐90 mg ☐pfs ☐vial, subcutaneously Loading dose ____ week 0 and in 4 weeks,

Then _____ mg then once every 12 weeks (dose is weight based) 4 weeks supply for _____ months

Dispense supplies necessary for administration and hazardous waste disposal.

Physicians Signature:_____ Date: _____