

Effective: 10/2016

# MPP Infusion Centers

www.mppinfusion.com

Referral Phone: (855) 478-1528 Referral Fax: (855) 891-2191

Denver      Arlington      Dallas      Duncanville      Irving      Lewisville      Plano      Southlake

New Referral      Restart      Medication/ Order Change  
*(New Order Required)*      Benefits Verification  
Only      D/C Infusions  
*\*indicate name of drug(s)*

## PATIENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

## PHYSICIAN INFORMATION

Referring Physician: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Office Contact: \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Contact Fax # \_\_\_\_\_

Contact Email: \_\_\_\_\_

## RITUXAN MEDICATION ORDERS

Patient Weight: \_\_\_\_\_ kg      Initial/Reload Dosing: \_\_\_\_\_ 1000 mg IV on day 0, day 14, then repeat the course every \_\_\_ weeks.

Other Dosing: \_\_\_\_\_ mg/m<sup>2</sup> IV every weekly for 4 weeks

## INDICATION/DIAGNOSIS

## NOTES (ADDITIONAL INFO)

Rheumatoid Arthritis  
Granulomatosis w/ Polyangiitis (Wegner's) (GPA)  
Microscopic Polyangiitis (MPA)  
Other *(please specify in notes)*

\*ICD-10 \_\_\_\_\_ required

\_\_\_\_\_  
Referring Physician's Signature

\_\_\_\_\_  
Date

## STANDING LAB ORDERS

### Labs to be drawn by:

Referring Physician  
Infusion Center

### Orders:

CMP      CBC      CRP  
ESRP      HFP      UA

### Frequency:

Every Infusion  
Other \_\_\_\_\_

## REQUIRED DOCUMENTATION

Recent Office notes (along with any therapies tried and outcomes)      Current Medication List      History and Physical Report  
Lab Results      Insurance Cards (front and back)      Demographic Sheet

## ATTACH REQUIRED LAB RESULTS (FOR NEW REFERRALS ONLY)

HepB Surf Ag (w/in 12 months)      HepB Core Ab (w/in 12 months)      Rheumatoid Factor  
Comprehensive Metabolic Panel, CBC with differential w/in past 3 months

**APPOINTMENT DATE & TIME:** \_\_\_\_\_

**FOR OFFICE USE ONLY**