

Effective: 07/2017

# MPP Infusion Centers

www.mppinfusion.com

Referral Phone: (855) 478-1528 Referral Fax: (855) 891-2191 Email: mppreferral@mppinfusion.com

Denver  Arlington  Dallas  Duncanville  Irving  Lewisville  Plano  Southlake

New Referral  Restart  Medication/ Order Change  Benefits Verification  D/C Infusions  
*(New Order Required)* *Only* *\*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: \_\_\_\_\_

## ACTEMRA MEDICATION ORDERS

Patient Weight: \_\_\_\_\_ kg Dosing: \_\_\_\_\_ mg/kg IV every \_\_\_\_\_ weeks.

### INDICATION/DIAGNOSIS

- Rheumatoid Arthritis
- Other *(please specify in notes)*

### NOTES (ADDITIONAL INFO)

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

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

Date *\*valid for a year* \_\_\_\_\_

### 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 36 months)  HepB Core Ab (w/in 36 months)  TB Results (w/in 6 months)
- Comprehensive Metabolic Panel, CBC with differential if available

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

**FOR OFFICE USE ONLY**