

PATIENT INFORMATION
 Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S) (FRONT AND BACK)
MEDICAL INFORMATION
Diagnosis: Rheumatoid Arthritis (_____) Ankylosing Spondylitis (_____)
 Crohn's Disease (_____) Ulcerative Colitis (_____)
 Psoriasis (_____) Other: _____(_____)

Patient Weight: _____ lbs. **Allergies:** _____

 Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached

 TB test, Hepatitis B antigen, Hepatitis B core total antibody attached

Labs: Required labs to be drawn by: Infusion Clinic Referring Physician

Lab Orders: _____ Perform yearly TB test (*optional*)

REMICADE ORDERS
J1745
Remicade Dose: _____ mg/kg **Frequency:** Every: _____ weeks *or* 0, 2, 6, then every 8 weeks

RENFLEXIS ORDERS
Q5104
Renflexis Dose: _____ mg/kg **Frequency:** Every: _____ weeks *or* 0, 2, 6, then every 8 weeks

INFLECTRA ORDERS
Q5103
Inflectra Dose: _____ mg/kg **Frequency:** Every: _____ weeks *or* 0, 2, 6, then every 8 weeks

AVSOLA ORDERS
Q5121
Avsola Dose: _____ mg/kg **Frequency:** Every: _____ weeks *or* 0, 2, 6, then every 8 weeks

PRE-MEDICATION ORDERS
Protocol Pre-Medication Orders: Tylenol 1000mg PO, *please choose one antihistamine*
 Cetirizine 10mg PO Diphenhydramine 25mg PO Loratadine 10mg PO

Additional Pre-Medication Orders: Solu-Medrol _____ mg IV Solu-Cortef _____ mg IV

 Other: _____

Additional Orders/ Comments:
PHYSICIAN INFORMATION

 By signing this form and utilizing our services, you are authorizing *Paragon Healthcare, Inc.* and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____ Physician Name: _____ Date: _____

Phone: _____ Fax: _____ Contact Person: _____

INFUSION CENTER LOCATIONS
 Alpharetta, GA Arlington, TX Atlanta, GA Austin, TX Bee Cave, TX Birmingham, AL Cape Coral, FL Clear Lake, TX Clearwater, FL Coppell, TX Creve Coeur, MO Dallas, TX
 Decatur, GA Denver, CO El Paso East, TX El Paso West, TX Fort Myers, FL Fort Worth, TX Hendersonville, TN Houston, TX Huntsville, AL Independence, MI Kansas City, MI
 Knoxville, TN Kyle, TX Lubbock, TX Montgomery, AL Murfreesboro, TN Naples, FL Nashville, TN North Hills, TX Plano, TX Round Rock, TX San Antonio, TX Sarasota, FL
 Smyrna, GA St. Louis, MI Stone Oak, TX Waco, TX West Houston, TX The Woodlands, TX Other: _____

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