



5115 80th Street, Lubbock, TX 79424



**South Plains
Infusion**

Tel (806) 788-4368, Fax (806) 302-1241

INFLECTRA (inflixinab-dyyb) Infusion orders

Name: _____ DOB: _____ M O F O

Phone #1 : _____ (H/W/C) Phone : _____ (H/W/C)

Diagnosis: Please provide ICD-10 code

- _____ Crohn's Disease _____ Ulcerative Colitis
- _____ (other)

Pre Medication:

- Tylenol 1000 mg PO
- Diphenhydramine 25 mg PO
- Diphenhydramine 25 IVP
- Solu-Medrol 125mg IVP
- Solu-Medrol 100mg IVP
- _____ (other)

INFLECTRA ORDERS

DOSAGE/ Frequency

- _____ mg/kg weight base
- _____ mg flat dosed
- Every 0, 2, 6 and every 8 weeks after (induction)
- Dose every _____ weeks _____ (other)
- Check hepatitis B antibodies and T spot once a year per infusion protocol.

PATIENT WEIGHT

_____ lbs
 _____ kg

Needed documents:

- Recent Office notes (along with any therapies tried and outcomes)
- Current Medication List History, Physical Report (w/in past 6 months)
- Lab Results, Demographic Sheet, Insurance Cards (front and back)

ORDERING PROVIDER

Signature _____ Date _____

Provider _____ Phone _____ Fax _____

Please **FAX** form and documents needed to **1-806-302-1241 (dial "1")**