

**Edward Cancer Centers**

120 Spalding Drive; Suite 111; Naperville, IL 60540

Phone: 630/646-2273 Fax: 630/548-6617

177 E. Brush Hill Road

Elmhurst, IL 60126

Phone: 630/646-2273 Fax: 331/221-3857

24600 West 127<sup>th</sup> Street; Plainfield, IL 60585

Phone: 630/646-2273 Fax: 630/548-6617

**Orencia Infusion Therapy Orders**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\*\*\*Please include current history and physical and any recent labs/tests, if applicable\*\*\*

**\*PLEASE ATTACH COPY OF INSURANCE CARD WITH THIS ORDER\***

**Pre-Authorization # or**

**Call Reference #:**

\_\_\_\_\_  
(Ordering Physician Office is Responsible to Obtain Authorization/Referral)

**Check if insurance requires drug to be provided by specialty pharmacy**

**Contact Name and Phone Number**

**of Insurance Company:**

\_\_\_\_\_

If you have any questions regarding pre-authorizations, please contact (630) 527-3788 and ask for the billing department.

Diagnosis (ICD-10 Required): \_\_\_\_\_

Patient Weight (lbs/kg): \_\_\_\_\_

Dose: \_\_\_\_\_ mg (Based on guidelines listed below). In 100ml 0.9% IVPB over 30 minutes.

Visit Frequency: To be given on weeks 0, 2, 4; then every 4 weeks thereafter.

**Dosing Guidelines:**

Body Weight of Patient	Dose
Less than 60kg (less than 132 lb)	500mg
60 to 100kg (132-220 lb)	750mg
Greater than 100kg (greater than 220 lb)	1 gram

**Monitoring:**

- Monitor vital signs pre and post-infusion.

**In the event of a hypersensitivity reaction during the infusion of this medication, we will implement the reaction protocol. A designated nurse practitioner will evaluate your patient and your office will receive notification of the event.**

**In the event that your patient has a central line, it will be used per the Cancer Center protocol, unless otherwise directed.**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ordering Physician NPI: \_\_\_\_\_ Edward Hospital NPI: 1427069632

\_\_\_\_\_  
Physician Name (Please Print)  
Revision/Review Date: 01/27/2021

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Fax Number