

Renflexis® | (infliximab-abda)

## Please fax a copy of the following patient information:



Demographics  Insurance information  Current Lab Results  H&P  Current Medication

## Patient Information



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

Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs/kg Height: \_\_\_\_\_

Diagnosis/ ICD-10:

- Crohn's disease, unspecified / K50.9  Ulcerative colitis, unspecified / K51.9  
 Psoriatic arthritis(PsA), unspecified / L40.52  Ankylosing Spondylitis(AS), unspecified / M45.9  
 Rheumatoid arthritis, unspecified / M06.9  
 Rheumatoid arthritis without rheumatoid factor / M06.00  
 Rheumatoid arthritis with rheumatoid factor, unspecified / M05.9  
 Other (please specify) \_\_\_\_\_

Additional information: \_\_\_\_\_

## Provider Information



Printed Provider's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## Medication Information



Dose: \_\_\_\_\_ Frequency and Duration: \_\_\_\_\_

Start Date of Infusion: \_\_\_\_\_ End Date of Infusion: \_\_\_\_\_

Other Orders or Special Instructions: \_\_\_\_\_

