gic INFUSION

www.gicinfusion.com

CALL OR TEXT # 678-379-1806
Authorization Coordinator
Fax # 470-531-8298

INFUSION ORDER FORM

Locations in Athens, Atlanta, Alpharetta, Lawrenceville, Marietta

Fax this completed form along with a copy of patient's insurance card, recent clinical notes supporting this ICD code, and labs.

Patient Name: _____ **DOB:** _____ **Phone:** _____

PATIENT STATUS: ☐ NEW TO THERAPY ☐ CONTINUATION OF THERAPY **LAST TREATMENT DATE:** _____

ICD-10 CODE: _____ **Patient weight:** _____ **lbs.** _____ **kg**

LABS (specify which ones and how often): _____

DRUG ALLERGIES: _____

PPD TEST / QUANT GOLD DATE: _____ **RESULTS:** ☐ **POS** ☐ **NEG** ☐ **DRAWN YEARLY**

☐ **Entyvio**	☐ 300 mg vial	☐ Initial Start: 300mg IV at 0,2,6, then every 8 weeks x1 year ☐ 300mg IV every 8 weeks x1 year ☐300mg IV every _____ weeks x1 year	
☐ **Infliximab**	****Please choose one:** **Dose: _____mg/kg** **OR** **Dose: _____ mg** ☐ Nurse will round to the nearest 100 mg. ☐ Give exact dose. Do not round.	☐ Infuse Infliximab **or** Infliximab biosimilar as required by the insurance plan. **Preferred product to be determined after benefit verification** ☐ Do **not** substitute biosimilar. Infuse the following Infliximab: _____ FREQUENCY: ☐ 0,2,6, THEN EVERY 8 WEEKS **(Initial Start)** x1 YEAR ☐ EVERY _____ WEEKS (**Maintenance dose**) x1 YEAR	
☐ **Stelara**	☐ 130 mg / 26 ml vial ☐ 90 mg injection (2x 45mg vials)	☐ < 55 kg: 260 mg IV over 1 hour x 1 dose ☐ 55 kg to 85 kg: 390 mg IV over 1 hour x 1 dose ☐ > 85 kg: 520 mg IV over 1 hour x 1 dose ☐ MAINTENANCE: inject 90 mg SQ 8 weeks after initial dose	
☐ **Skyrizi**	☐ 600 mg / 10 ml vial	☐ INITIAL: Infuse 600 mg /10 mL IV at week 0, 4, and 8	
☐ **Venofer**	☐ 200 mg IV	☐ Frequency_____	
Pre-medication & other medications:		☐ Acetaminophen _____ mg PO ☐ Diphenhydramine _____ mg PO ☐ Cetirizine _____ mg PO	☐ Solu-medrol _____ IVP ☐ Solu-cortef _____ IVP

PROVIDER INFORMATION **DATE:**

Provider Name: _____ SIGNATURE: _____
Provider NPI: _____ Phone: _____ Fax: _____

Our office will contact the patient to schedule infusion. If this is an urgent request, please call our office prior to faxing information. You can also contact our Infusion RN Managers, Cassie or Liz, at 470-785-4616.

Updated Nov 2023