



Patient Name: \_\_\_\_\_  
Patient Phone: \_\_\_\_\_

DOB: \_\_\_\_\_  
SEX: M F

Please Attach All Insurance Information, front and back

### MEDICAL INFORMATION

**Diagnosis:** M06.9 Rheumatoid arthritis, unspecified  
M05.79 Rheumatoid arthritis with rheumatoid factor without organ or systems involvement  
C85.90 Non-Hodgkin lymphoma, unspecified  
C91.10 Chronic lymphocytic leukemia  
M31.3 Wegener's granulomatosis  
Other \_\_\_\_\_

ICD-10 \_\_\_\_\_

Patients weight: \_\_\_\_\_  
Lab Date: \_\_\_\_\_  
Allergies: \_\_\_\_\_

**ALSO INCLUDE...**  
Clinical/ Progress Notes  
Demographics Sheet  
Current Medications  
Labs

### TRUXIMA ORDER

Patients weight: \_\_\_\_\_ kg Patients Height: \_\_\_\_\_

**Truxima Dose:** Infused 1000mg 375 mg/m2

**Truxima Frequency:** Every 4 weeks On Series Day 0 and Series Day 14: Repeat every 24 weeks  
Other: \_\_\_\_\_

**PreMeds:** Diphenhydramine APAP IV methylprednisolone 100mg IV methylprednisolone 1000mg

**Date of last Truxima Infusion:** \_\_\_\_\_

**Additional Comments:**

### PHYSICIAN INFORMATION

**Referring Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Practice Address:** \_\_\_\_\_

**Office Contact:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**NPI/ TIN:** \_\_\_\_\_

**Referring Physician's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_