

VAIL HEALTH OUTPATIENT ORDERS

322 Beard Creek Rd | Edwards, CO 81632 | Ph: 970.569.7418 | Fax: 970.470.6675

Vail Health includes services of Vail Health Hospital

Abatacept (Orencia) Order Form

ATTACH DEMOGRAPHICS / COPY OF INSURANCE CARD, RECENT OFFICE VISIT NOTES AND TB/HEPATITIS SCREEN

Patient Name: _____

DOB: _____

Allergies/Adverse Reactions: _____

ICD-10: _____

Diagnosis: _____

Weight (kg): _____

☐ New Start

☐ Continuation of therapy:
(date next treatment due: _____)

Labs (to be drawn at each visit unless specified otherwise):

***Results of tuberculosis and hepatitis screen MUST be attached to initial order

☐ HCG urine

☐ Other: _____

Medication: Abatacept IV

Dose (check one):

☐ 500 mg (<60 kgs)

☐ 750 mg (60-100 kgs)

☐ 1000 mg (>100 kgs)

Frequency:

☐ (Loading Dose) Day 1 and Day 15

☐ (Maintenance Dose) Every 4 weeks

Infuse Over: ☒ 30 minutes

Refills (check one):

☐ One time only

☐ 1 year

☐ Other: _____

☒ Treat hypersensitivity reaction per Vail Health Hypersensitivity Protocol

Provider Signature: _____

Date / Time: _____

PRINTED PROVIDER NAME: _____

Circle: MD / PA / NP

Office Name: _____

NPI: _____

State License: _____

Phone #: _____ Fax #: _____

PHO