

Radicava

Provider Order Form rev. 3/7/23



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PATIENT INFORMATIONReferral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ DOB: _____

ICD-10 code (required): _____ ICD-10 description: _____

 NKDA Allergies: _____ Weight (lbs/kg): _____ Height: _____Patient Status: New to Therapy Continuing Therapy Last Treatment Date: _____ Next Due Date: _____**PROVIDER INFORMATION**

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

NURSING0 TB status & date (list results here & attach clinicals)

0 Provide nursing care per 360 Infusion Center Nursing Procedures, including reaction management and post-procedure observation

LABORATORY ORDERS

- CBC at each dose every _____
- CMP at each dose every _____
- CRP at each dose every _____
- Other: _____

PRE-MEDICATION ORDERS

- acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl) 25mg / 50mg PO / IV
- methylprednisolone (Solu-Medrol) 40mg / 125mg IV
- hydrocortisone (Solu-Cortef) 100mg IV
- Other: _____
- Dose: _____ Route: _____
- Frequency: _____

SPECIAL INSTRUCTIONS**THERAPY ADMINISTRATION**

- Radicava:**
 - Starter Dose: Once daily 60mg/200mL for 14 days then a cessation for 14 days
 - Maintenance dose: Once daily 60mg/200mL for 10 out of 14 days then a cessation for 14 days
 - Administer IV other
 - Other
 - Frequency: every week / every 2 weeks / other: _____

Provider Name
(Print)_____
Provider Signature_____
Date