



OAOC
INFUSION CENTER



KIRKLAND
SPECIALTY INFUSION CENTER

Infusion Site: ☐ OAOC Infusion Center ☐ Kirkland Specialty Infusions

Orencia ® | (Abatacept)

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:

- ☐ Rheumatoid arthritis(RA), unspecified / M06.9
☐ Psoriatic arthritis(PsA), unspecified / L40.52
☐ Polyarticular juvenile idiopathic arthritis (pJIA) / M08.09
☐ 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: _____

OAOC INFUSION CENTER

2100 116th AVE NE
Bellevue, WA 98004

Phone: (425) 453-0766 ext 105

Fax : (425) 533-2540

Email: infusion@overlakearthritis.com

KIRKLAND SPECIALTY INFUSION

12911 120th Avenue N.E., Suite C-80
Kirkland, WA 98034

Phone: (425) 453-0766 ext 105

Fax : (425) 533-2540

Email: infusion@kirklandspecialty.com

