



OAOC
INFUSION CENTER



KIRKLAND
SPECIALTY INFUSION CENTER

Infusion Site: ☐ OAOC Infusion Center ☐ Kirkland Specialty Infusions

Truxima® | (Rituximab-abbs)

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:

- ☐ Non-Hodgkin lymphoma, unspecified / C85.90
- ☐ Chronic Lymphocytic Leukemia (CLL) / C91.10
- ☐ Rheumatoid arthritis, unspecified / M06.9
- ☐ Rheumatoid arthritis without rheumatoid factor / M06.00
- ☐ Rheumatoid arthritis with rheumatoid factor, unspecified / M05.9
- ☐ Granulomatosis with Polyangiitis (GPA) / M31.30
- ☐ Microscopic Polyangiitis (MPA) / M31.70
- ☐ 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

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