## BLINCYTO® Order Form





Fax completed form to:

PATIENT INFORMATION						
Patient Name:		Date of Birth:		Re	eferral Date:	
Address:				City/State/Zip:		
Home Phone:		Cell Phone:			Vork Phone:	
Secondary Contact:		Height:	Weight:		Male Female	
Patient Diagnosis &	CD-10:		-			
Allergies:						
PROVIDER INFORMATION						
Physician Name:		Lic.#:		DEA #:		
Practice Name:				NPI#:		
Address:				City/State/Zip:		
Office Contact:	t: Phone:			Fax:		
Supervisory Physician (if applicable):						
PLEASE ATTACH						
Patient demographics & front/back copy of all insurance cards (prescription & medical) Recent office visit notes, history & physical, lab & pertinent procedure results Current medication list & list of prior medications tried and failed (with dates) Line access documentation/verification if applicable  Vaccine status (any vaccination) and documentation of any recent vaccinations TB lab results within last 12 months HBV lab results within last 12 months (Infliximabs only) Letter of medical necessity if drug dosing or indication is outside of FDA guidelines						
NURSING & LAB ORDERS						
Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.						
Lab Orders: Lab Date & Frequency:						
PRESCRIPTION ORDERS						
Anaphylaxis Kit: Epinephrine 0.3mg IM as needed NS Hydration 500 ml IV infusion over 30 minutes as needed						
(Check all that apply) Diphenhydraminemg IV infusion as needed Other						
Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary						
PRODUCT PRESCRIPTION INFORMATION						
Blinatumomab (BLINCYTO®)	Maintenance Orders (Consolidation cycles):  Dispense up to 9 cycles as ordered. Current cycle number:					
OTHER						
By signing this form and utilizing our services, you are authorizing Amerita, Inc. to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.						
Prescriber's Signatu Dispense as Written		Date	Prescriber's Signa Substitution Peri		Print Name	Date



