



PATIENT INFORMATION

Patient Name: _____ **DOB:** _____ **Gender:** ☐ M ☐ F
Address: _____ **City:** _____ **State:** _____ **ZIP:** _____
Phone: _____ **Email:** _____ **Ht:** _____ **Wt:** _____
Please Attach: ☐ Insurance cards ☐ History & Physical ☐ Most recent labs ☐ Medication list
☐ NKDA ☐ Allergies: _____

PRESCRIBER INFORMATION

Ordering Provider Name: _____
Provider NPI: _____ **Phone:** _____ **Fax:** _____
Practice Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

REQUIRED INFORMATION

Documentation:

- ☐ Recent clinical and/or office visit notes supporting primary diagnosis
☐ HBV Screening Completed Prior to First Dose
HBsAg: _____ Anti-HBc: _____

MEDICATION ORDERS

ICD-10 Diagnosis Codes

- ☐ **M32.14** Lupus Nephritis

☐ **New to Therapy** ☐ **Continuation of Therapy:** Date of last dose (if applicable): _____

PRE-MEDICATION

☐ Acetaminophen _____ mg PO ☐ Antihistamine _____ ☐ Corticosteroid _____ ☐ Other _____

DOSING/FREQUENCY

- ☐ Initial infusion – 1,000 mg IV ☐ Week 24 – 1,000 mg IV ☐ Maintenance Doses:
Every 6 months thereafter – 1,000 mg IV
☐ Week 2 – 1,000 mg IV ☐ Week 26 – 1,000 mg IV

☐ **Refills:** _____ (if not indicated prescription will expire one year from date signed)

Sage Infusion Standing Orders:

- ☒ Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date

Fax Number

- ☐ Brandon: (656) 218-9643
☐ Clearwater: (727) 977-9717
☐ Fort Myers: (239) 533-5962
☐ Gainesville: (352) 450-8886
☐ Lakeland: (863) 777-2528

- ☐ Ocala: (352) 565-5228
☐ Orlando: (407) 792-6558
☐ Sarasota: (941) 413-3280
☐ St. Petersburg: (727) 977-8836
☐ Tampa: (813) 775-9997

- ☐ The Villages Brownwood: (352) 450-3080
☐ The Villages Lake Sumter: (352) 565-5553
☐ The Villages Spanish Springs: (352) 810-3536
☐ Town & Country: (813) 724-3737
☐ Trinity: (727) 977-9324
☐ Venice: (941) 337-0779