Cure Stat IS Infusion Services

Phone: (888) 963-6544
Fax: (858) 281-0045
CureStatInfusions.com
Pharmacy@CureStatRx.com

KEYTRUDA

Please include the following to expedite the order:
Patient Demographics, Insurance Information, Labs

PATIENT

Referral Status: ☐ New ☐ Updated ☐ Renewal

Name: _____ **DOB**: _____ **Gender**: ☐ M ☐ F ☐ Other _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Phone:** _____

PRESCRIBER

Name: _____ **DEA:** _____ **NPI:** _____ **State License:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

CLINICAL

Diagnosis: ☐ M05.___ (Rheumatoid Arthritis w/ RF) ☐ M06.___ (Rheumatoid Arthritis w/o RF)

☐ L40.5 (Arthropathic Psoriasis) ☐ Other: _____ ☐

Allergies: _____ **Weight**: _____ ☐ kg ☐ lbs **Height:** _____ ☐ cm ☐ in

TB/PPD test: ☐ Positive ☐ Negative **HBV**: ☐ Yes ☐ No If yes, treated: ☐ Yes ☐ No

TREATMENT

KEYTRUDA (pembrolizumab)

Route: Intravenous infusion

Dose: ☐ 500mg (<60kg) ☐ 750mg (60-100kg)

☐ 1000mg (>100kg) ☐ Other: _____ mg

Frequency:

☐ Induction: Once in weeks 0, 2, and 4

☐ Maintenance: Every 4 weeks

Quantity: _____ **Refills:** _____

Premedication Protocol: *(Not Usually Indicated)*

☐ Diphenhydramine: ☐ 25mg ☐ 50mg ☐ PO ☐ IV

☐ Acetaminophen: ☐ 325mg ☐ 500mg ☐ 650mg PO

☐ Other: _____

Sig: _____

■ Center will use anaphylactic and hypersensitivity protocol established by Cure Stat Infusion Services.

Special Instructions: _____

_____

_____

Provider Signature: _____ Date: _____

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