

Refer via:	Fax: 1800 316 766	Email: referrals@snc.com.au	Call:	1800 463 873
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Patient Details:		
Title:	Surname:	First Name:
DOB:	Phone:	Gender M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>
Email:		
Address:	State:	Post Code:
Emergency Contact:	Phone:	
Allergies:		

Medication Order:									
Medication: ACTEMRA® (tocilizumab)	<table border="1"> <thead> <tr> <th colspan="2">Administration by Sonic Nurse Connect</th> </tr> </thead> <tbody> <tr> <td>Date:</td> <td>Time:</td> </tr> <tr> <td colspan="2">Nurse Name:</td> </tr> <tr> <td colspan="2">Nurse Signature:</td> </tr> </tbody> </table>	Administration by Sonic Nurse Connect		Date:	Time:	Nurse Name:		Nurse Signature:	
Administration by Sonic Nurse Connect									
Date:		Time:							
Nurse Name:									
Nurse Signature:									
Route: Intravenous Infusion									
Frequency: 4 weekly doses									
Duration: 1 hour									
Dilution: 0.9% sodium chloride									
Dosage: mg									
Dosage Commencement Date:									
Special Instructions:									
<ul style="list-style-type: none"> Medication will be prepared and administered as recommended in the current ACTEMRA® (tocilizumab) Australian Product Information (PI) available at: www.ebs.tga.gov.au In the case that a patient displays an acute reaction in the presence of a Sonic Nurse Connect nurse, during or after the infusion, the nurse will administer emergency treatment in accordance with the Sonic Nurse Connect anaphylaxis protocol available at: www.snc.com.au 									

Prescribing Doctor Confirmation & Details:	
<ul style="list-style-type: none"> I request the Sonic Nurse Connect nurse to administer the medication as ordered to this Patient I confirm that the prescribed treatment is not contraindicated for this Patient 	
Prescribing Doctor Signature:	
Prescribing Doctor Name:	Date:
Provider No.	Phone:
Address:	
Email:	Fax:

The Sonic Nurse Connect Privacy Policy is available to view at www.snc.com.au or you can request a copy by contacting us on 1800 687 726.