

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

Medication Order:									
<b>Medication:</b> ORENCIA® (abatacept)	<table border="1"> <tr> <th colspan="2">Administration by Sonic Nurse Connect</th> </tr> <tr> <td><b>Date:</b></td> <td><b>Time:</b></td> </tr> <tr> <td colspan="2"><b>Nurse Name:</b></td> </tr> <tr> <td colspan="2"><b>Nurse Signature:</b></td> </tr> </table>	Administration by Sonic Nurse Connect		<b>Date:</b>	<b>Time:</b>	<b>Nurse Name:</b>		<b>Nurse Signature:</b>	
Administration by Sonic Nurse Connect									
<b>Date:</b>		<b>Time:</b>							
<b>Nurse Name:</b>									
<b>Nurse Signature:</b>									
<b>Route:</b> Intravenous Infusion									
<input type="checkbox"/> Once-off loading dose <b>Frequency:</b> <input type="checkbox"/> Initiation doses at Week 0, 2 & 4 <input type="checkbox"/> Continuing 4 weekly doses									
<b>Dilution:</b> 0.9% sodium chloride									
<b>Dosage:</b> mg	<b>Dosage Commencement Date:</b>								
<b>Special Instructions:</b>									
<ul style="list-style-type: none"> <li>Medication will be prepared and administered as recommended in the current ORENCIA® (abatacept) Australian Product Information (PI) available at: <a href="http://www.ebs.tga.gov.au">www.ebs.tga.gov.au</a></li> <li>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: <a href="http://www.snc.com.au">www.snc.com.au</a></li> </ul>									

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

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