Sonic Nurse Connect

ACTEMRA® (tocilizumab) Referral for Treatment Form

Refer via:	**Fax:** 1800 316 766	**Email:** referrals@snc.com.au	Call:	1800 463 873

Patient Details:

Title:	**Surname:**	**First Name:**	
DOB:	**Phone:**	**Gender** **M** ☐ **F** ☐ **Other** ☐	
Email:			
Address:		**State:**	**Post Code:**
Emergency Contact:		**Phone:**	
Allergies:			

Medication Order:

Medication:	ACTEMRA® (tocilizumab)
Route:	Intravenous Infusion
Frequency:	4 weekly doses
Duration:	1 hour
Dilution:	0.9% sodium chloride
Dosage:	mg
Dosage Commencement Date:	

Administration by Sonic Nurse Connect	
Dosage in mL:	
Date:	**Time:**
Nurse Name:	
Nurse Signature:	

Special Instructions:

- 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:

- 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.