Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the ☒ to remove the pre-checked option.

ROMIPLOSTIM (NPLATE) THERAPY PLAN [11500794]
Therapy Plan To Be Used In Infusion Center

Infusion Center Location: _____   Start Date: _____

Diagnosis/Indication: _____

Authorization Number: _____ J-Code/CPT/Misc. Code: _____

		Interval	

Supportive Care

☐	romiPLOStim (NPLATE) injection	Every 7 days	Route: Subcutaneous
	For Dose _____ Frequency _____		

		Interval	

Labs

☐	Complete Blood Count, No Differential	Every 7 days
	Interval-SEE THERAPY PLAN Count-30 Clinic Collect	

☐	Treatment Lab Instructions	Every 7 days
	Release the following labs: -CBC with Differential, Provider approves to Release and Draw labs 2 days Pre & Post this Planned Treatment Date.	

		Interval	

Provider Communication Orders

☐	Physician Communication	Once
	Order one Complete Blood Count with Differential (CBC with Differential) prior to patient beginning treatment.	

_____

Provider Signature   EHR User ID   Date   Time

Initials

ROMIPLOSTIM (NPLATE) THERAPY PLAN

Place Patient Label Here

11500794

Prog & Orders