

Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629



Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
Fax: 937-401-6629

Aristada® (aripiprazole lauroxil) Order Form
Epic Referral: REF115166

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Rx:

Induction dosing should be completed prior to initiating patient on maintenance dosing, typically completed prior to referral to Kettering Health Infusion Center. Maintenance dosing may begin as early as two weeks after prior Aristada dose.

Maintenance Dosing *(based on conversion from oral aripiprazole dose):*

Aristada intramuscular injection

Dose:

441 mg 662 mg 882 mg 1064 mg

Frequency:

Monthly Q 6 weeks Q 8 weeks Other: _____

Lab orders (include frequency): _____

**recommended: Lipid panel, CMP, CBC

Order expiration: 1 year 6 months Other _____

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____