

NPI# \_\_\_\_\_  
DEA# \_\_\_\_\_

FAX ORDERS: 702-697-2107



(certolizumab pegol)

# CIMZIA infusion orders

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Phone \_\_\_\_\_

M

F

## DIAGNOSIS *Please provide ICD-10 code*

Rheumatoid Arthritis

Psoriatic Arthritis

Crohn's Disease

Ankylosing Spondylitis

*(other)*

## PRE-MEDICATION

Tylenol 1000mg PO

Solu-Medrol 125mg IVP

Diphenhydramine 25mg PO

Solu-Cortef 100mg IVP

Cetirizine 10mg PO

Diphenhydramine 25mg IVP

*(other)*

*(other)*

## CIMZIA ORDERS

### DOSAGE/FREQUENCY

400mg SQ initially and at weeks 2 and 4 *(induction)*

200mg SQ every 2 weeks *(maintenance)*

400mg SQ every 4 weeks

### PATIENT WEIGHT

lbs.

kg

### TB TESTING

Perform Quantiferon Gold (QFT Gold)

Perform PPD Skin Test

## NOTES

## ORDERING PROVIDER

Signature   X   \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_