NPI#_____
DEA#_____

Fax Orders: 702-697-2107

LifeCare

(rituximab)

RITUXAN infusion orders

Patient Name _____ DOB _____

Phone _____ M ○ F ○

DIAGNOSIS *Please provide ICD-10 code*

☐ _____ Rheumatoid Arthritis
☐ _____ Granulomatosis w/Polyangiitis
(wegener's granulomatosis GPA)
☐ _____ Microscopic Polyangiitis
☐ _____ _____
(other)

PRE-MEDICATION

☐ Tylenol 1000mg PO
☐ Diphenhydramine 25mg PO
☐ Cetirizine 10mg PO
☐ _____
☐ Solu-Medrol 125mg IVP
☐ Solu-Cortef 100mg IVP
☐ Diphenhydramine 25mg IVP
☐ _____

RITUXAN ORDERS

DOSAGE

○ 1000mg
○ 375mg/m^2

PATIENT WEIGHT

_____ lbs.
_____ kg

FREQUENCY

○ intial dose (0) followed by 2nd dose on day 15 *(induction for RA diagnosis)*
○ single dose
○ every week for 4 weeks total
○ _____
(other frequency)

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____

Address: _____

_____