CIVIC INFUSION

FAX: 203-724-4838

249 Danbury Rd, Wilton, CT 06897
400 Columbus Ave, Valhalla, NY 10595
127 Washington Ave, N. Haven, CT 06473
_____

(belimumab)

BENLYSTA infusion orders

Patient Name _____ DOB _____

Phone _____ M ○ F ○

DIAGNOSIS *Please provide ICD-10 code*

☐ _____ Systemic Lupus Erythmatosus

☐ _____ _____
(other)

PRE-MEDICATION

☐ Tylenol 1000mg PO
☐ Diphenhydramine 25mg PO
☐ Cetirizine 10mg PO
☐ _____
(other)

☐ Solu-Medrol 125mg IVP
☐ Solu-Cortef 100mg IVP
☐ Diphenhydramine 25mg IVP
☐ _____
(other)

BENLYSTA ORDERS

DOSAGE

◉ 10mg/kg IV

PATIENT WEIGHT

_____ lbs.

_____ kg

FREQUENCY

○ Dose at weeks 0, 2, and 4, then every 4 weeks
○ Dose every 4 weeks

HEIGHT _____ ft _____ in

NOTES

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____