FAX: 203-724-4838

CIVIC INFUSION

249 Danbury Road, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

(certolizumab pegol)

CIMZIA infusion orders

Patient Name _____ DOB _____

Phone _____ M ○ F ○

DIAGNOSIS *Please provide ICD-10 code*

☐ _____ Rheumatoid Arthritis

☐ _____ Crohn's Disease

☐ _____ Ankylosing Spondylitis

☐ _____ Psoriatic Arthritis

☐ _____ _____ *(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)*

CIMZIA ORDERS

DOSAGE/FREQUENCY

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

○ 200mg SQ every 2 weeks

○ 400mg SQ every 4 weeks *(maintenance)*

PATIENT WEIGHT

_____ lbs.

_____ kg

HEIGHT _____ ft _____ in

TB TESTING

○ Perform Quantiferon Gold (QFT Gold)

○ Perform PPD Skin Test

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____