

Truxima (rituximab-abbs)

Infusion Order



- 249 Danbury Rd. Wilton, CT 06897
- 400 Columbus Ave, Valhalla, NY 10595
- 127 Washington Ave, North Haven, CT 06473
- 220 Farmington Ave, Farmington, CT 06032
- _____

Ph: 203-883-0038 Fax: 203-724-4838

Patient Name: _____

DOB: _____

Phone: _____

Male Female

Allergies: _____

Diagnosis: _____

ICD- 10: _____

Please fax a copy of the following patient information:

Recent progress Note Current CBC & CMP Hep B Results (*upon initiation*)

Hep B (HBsAg and anti- HBV) test date: ____ / ____ / ____

Result: _____

PRE- MEDICATIONS:

Acetaminophen 1000mg PO

Solu- Medrol 125mg IVP

Diphenhydramine 25mg PO

Solu- Cortef 100mg IVP

Cetirizine 10mg PO

Diphenhydramine 25mg IVP

No Pre-med

Other: _____

TRUXIMA ORDER

DOSAGE

1000mg

Patient Weight: _____ lbs _____ kg

375mg/ m²

Height: _____ ft _____ in

FREQUENCY

On day 1 and day 15 every 6 months

Single dose

Once weekly for 4 weeks

Other frequency: _____

NOTES:

Provider's Name: _____ Signature: _____

NPI: _____ Date: _____ Ph: _____ Fax: _____

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