



249 Danbury Rd, Wilton, CT 06897
400 Columbus Ave, Valhalla, NY 10595
127 Washington Ave, N. Haven, CT 06473
220 Farmington Ave, Farmington, CT 06032
Ph: 203-883-0038 Fax: 203-724-4838

(certolizumab pegol)

CIMZIA infusion orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS Please provide ICD-10 code

Rheumatoid Arthritis

Psoriatic Arthritis

Crohn's Disease

(other)

Ankylosing Spondylitis

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	PATIENT WEIGHT
400mg SQ initially and at Weeks 2 and 4 <i>(induction)</i>	lbs.
200mg SQ every 2 weeks	kg
400mg SQ every 4 weeks <i>(maintenance)</i>	HEIGHT ft in
TB TESTING	
Perform Quantiferon Gold (QFT Gold)	
Perform PPD Skin Test	

NOTES

ORDERING PROVIDER

Signature X_____

Date

Provider

Phone

Fax