

(infliximab-dyyb)

INFLECTRA infusion orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS *Please provide ICD-10 code*

Rheumatoid Arthritis

Crohn's Disease

Psoriatic Arthritis

Ulcerative Colitis

Plaque Psoriasis

Ankylosing Spondylitis

PRE-MEDICATION

Tylenol 1000mg PO

Solu-Medrol 125mg IVP

Diphenhydramine 25mg PO

Solu-Cortef 100mg IVP

Cetirizine 10mg PO

Diphenhydramine 25mg IVP

INFLECTRA ORDERS

DOSAGE	PATIENT WEIGHT
mg/kg <i>weight-based</i>	lbs.
mg <i>flat-dosed</i>	kg
FREQUENCY	HEIGHT ft in
every 0,2,6, and every 8 weeks <i>(induction)</i>	
every weeks	

NOTES

ORDERING PROVIDER

Signature X Date

Provider

Phone

Fax