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
220 Farmington Ave, Farmington, CT 06032
Ph: 203-883-0038 Fax: 203-724-4838

(infliximab-dyyb)

INFLECTRA infusion orders

Patient Name DOB

Phone M F

DIAGNOSIS *Please provide ICD-10 code*

Rheumatoid Arthritis
Psoriatic Arthritis
Plaque Psoriasis
Ankylosing Spondylitis
Crohn's Disease
Ulcerative Colitis

PRE-MEDICATION

Tylenol 1000mg PO
Diphenhydramine 25mg PO
Cetirizine 10mg PO
Solu-Medrol 125mg IVP
Solu-Cortef 100mg IVP
Diphenhydramine 25mg IVP

INFLECTRA ORDERS

DOSAGE

mg/kg *weight-based*
mg *flat-dosed*

FREQUENCY

every 0,2,6, and every 8 weeks *(induction)*
every weeks

PATIENT WEIGHT

lbs.
kg

HEIGHT ft in

NOTES

ORDERING PROVIDER

Signature **X** ______________________________ Date

Provider Phone Fax