



6415 Fort Apache Road, Suite #175
Las Vegas, NV 89148
Phone: 702-665-5730
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CIMZIA (certolizumab) infusion orders

Patient Name: _____ Date of Birth: _____
Address: _____ Phone Number: _____
Gender: _____ Height: _____ Weight: _____ (lb/kg)

Diagnosis

- _____ Rheumatoid Arthritis (RA)
- _____ Crohn's Disease
- _____ Ankylosing Spondylitis
- _____ Psoriatic Arthritis

Pre-Medication

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

Orders

<u>DOSAGE/FREQUENCY</u>	
<input type="checkbox"/> 400mg SQ initially and at weeks 2 and 4	
<input type="checkbox"/> 200mg every 2 weeks	
<input type="checkbox"/> 400mg SQ every 4 weeks	
<u>TB TESTING</u>	
<input type="checkbox"/> Perform Quantiferon Gold (QFT Gold)	
<input type="checkbox"/> Perform PPD Skin Test	_____ Refills

Notes

Ordering Provider

Signature: _____ Date: _____
Provider: _____ Phone: _____ Fax: _____
Address: _____
NPI: _____ DEA: _____