



6415 Fort Apache Road, Suite #175  
Las Vegas, NV 89148  
Phone: 702-665-5730  
Fax: 702-780-4887

# Rituxan (rituximab) Infusion Orders

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

## Diagnosis

- \_\_\_\_\_ Rheumatoid Arthritis
- \_\_\_\_\_ Granulomatosis w/ Polyangiitis
- \_\_\_\_\_ Microscopic Polyangiitis
- \_\_\_\_\_

## Pre-Medication

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

## Orders

### Dosage

- 1000mg
- 375mg

### Frequency

- initial does (0) follow by 2<sup>nd</sup> dose on day 15 (*induction for RA diagnosis*)
- single dose
- every 4 week total

\_\_\_\_\_ Refills

## Notes

---



---



---



---



---



---

## Ordering Provider

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 NPI: \_\_\_\_\_ DEA: \_\_\_\_\_