



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

Simponi Aria (golimumab) Infusion Orders

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

Diagnosis

- _____ Rheumatoid Arthritis
- _____ Active Ankylosing Spondylitis
- _____ Active Psoriatic Arthritis (PSA)
- _____

Pre-Medication

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

Orders

Dosage

- 2 mg/kg (*weight-based*)
- _____ mg (*flat dose*)

Frequency

- every 0, 4, and every 8 weeks
- every _____ weeks

_____ Refills

Notes

Ordering Provider

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