Infuse Care
3501 S. Soncy Suite 124 Amarillo, Texas 79119
Phone: (806) 358-8625 www.icareama.com
M - Thurs 8am - 5pm, Fri 8am - 12pm

(certolizumab pegol)

CIMZIA infusion orders

Patient Name _____ DOB _____

Phone _____ M ○ F ○

DIAGNOSIS *Please provide ICD-10 code*

- ☐ _____ Rheumatoid Arthritis
- ☐ _____ Crohn's Disease
- ☐ _____ Ankylosing Spondylitis
- ☐ _____ Psoriatic Arthritis
- ☐ _____ Plaque Psoriasis
- ☐ _____ Non-Radiographic Axial Spondyloarthritis

PRE-MEDICATION

- ☐ Tylenol 1000mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Cetirizine 10mg PO
- ☐ _____ *(other)*
- ☐ Solu-Medrol 125mg IVP
- ☐ Solu-Cortef 100mg IVP
- ☐ Diphenhydramine 25mg IVP
- ☐ _____ *(other)*

CIMZIA ORDERS

DOSAGE/FREQUENCY

☐ 400mg SQ initially and at weeks 2 and 4 *(induction)*

◉ 200mg SQ every 2 weeks *(maintenance)*
○ 400mg SQ every 4 weeks

PATIENT WEIGHT

_____ lbs.

_____ kg

TB TESTING

Perform Quantiferon Gold (QFT Gold)
Perform PPD Skin Test

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____

Please return by fax to: (806) 503-2200 or email to: referrals@icareama.com.