

(rituximab)

RITUXAN infusion orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS Please provide ICD-10 code

Rheumatoid Arthritis

Microscopic Polyangiitis

Granulomatosis w/Polyangiitis

(wegener's granulomatosis GPA)

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

RITUXAN ORDERS

DOSAGE	PATIENT WEIGHT
1000mg	lbs.
375mg/m ²	kg
FREQUENCY	
initial dose (0) followed by 2nd dose on day 15 <i>(induction for RA diagnosis)</i> single dose every week for 4 weeks total <i>(other frequency)</i>	

NOTES

ORDERING PROVIDER

Signature X Date

Provider

Phone

Fax

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