



(golimumab)

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# SIMPONIA ARIA infusion orders

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ M  F

## DIAGNOSIS Please provide ICD-10 code

- \_\_\_\_\_ Rheumatoid Arthritis
- \_\_\_\_\_ Active Psoriatic Arthritis (PSA)
- \_\_\_\_\_ Active Ankylosing Spondylitis (AS)
- \_\_\_\_\_ (other)

## PRE-MEDICATION

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

## SIMPONIA ARIA ORDERS

<p><b>DOSAGE</b></p> <p><input checked="" type="radio"/> 2 mg/kg <small>(weight-based)</small></p> <p><input type="radio"/> _____ mg <small>(flat dose)</small></p> <p><b>FREQUENCY</b></p> <p><input type="radio"/> every 0,4, and every 8 weeks <small>(induction)</small></p> <p><input type="radio"/> every _____ weeks</p>	<p><b>PATIENT WEIGHT</b></p> <p>_____ lbs.</p> <p>_____ kg</p>
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## NOTES

## ORDERING PROVIDER

Signature   X   \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_