FUSE INFUSION
175 Memorial Highway. Suite 1-1
New Rochelle, NY
10801
914-460-4891
fuse@fuseinfusion.com
914-460-4571

(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
- ☐ _____ _____ *(other)*

PRE-MEDICATION

- ☐ Tylenol 1000mg IV
- ☐ Diphenhydramine 25mg IV
- ☐ Cetirizine 10mg IV
- ☐ _____ *(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 _____