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(rituximab)

# RITUXAN infusion orders

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

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

## DIAGNOSIS Please provide ICD-10 code

- |   |  |
|---|--|
| <input type="checkbox"/> _____ Rheumatoid Arthritis   | <input type="checkbox"/> _____ Microscopic Polyangiitis  |
| <input type="checkbox"/> _____ Granulomatosis w/Polyangiitis<br><small>(wegener's granulomatosis GPA)</small> | <input type="checkbox"/> _____<br><small>(other)</small> |

## PRE-MEDICATION

- |  |   |
|--|---|
| <input type="checkbox"/> Tylenol 1000mg IV       | <input type="checkbox"/> Solu-Medrol 125mg IVP    |
| <input type="checkbox"/> Diphenhydramine 25mg IV | <input type="checkbox"/> Solu-Cortef 100mg IVP    |
| <input type="checkbox"/> Cetirizine 10mg IV      | <input type="checkbox"/> Diphenhydramine 25mg IVP |
| <input type="checkbox"/> _____                   | <input type="checkbox"/> _____                    |

## RITUXAN ORDERS

<p><b>DOSAGE</b></p> <p><input type="radio"/> 1000mg</p> <p><input type="radio"/> 375mg/m<sup>2</sup></p> <p><b>FREQUENCY</b></p> <p><input type="radio"/> initial dose (0) followed by 2nd dose on day 15 <small>(induction for RA diagnosis)</small></p> <p><input type="radio"/> single dose</p> <p><input type="radio"/> every week for 4 weeks total</p> <p><input type="radio"/> _____ <small>(other frequency)</small></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 \_\_\_\_\_