

Borough Park
1428 36th Street
Suite 107
Brooklyn, NY 11218

Crown Heights
555 Lefferts Avenue
Brooklyn, NY 11225

Manhattan
57W 57Street
Suite 601
New York, NY 10019



Queens
64-05 Yellowstone Blvd
CF104
Forest Hills, NY 11375

Riverhead
1228 E Main Street
Suite A
Riverhead, NY 11901

Manhasset
333 East Shore Road
Suite 201
Manhasset, NY 11030

Rockville Centre
165 North Village Avenue
Suite 133
Rockville Center, NY 11570

Elmsford/ Terrytown
555 Taxter Road
3rd Floor
Elmsford, NY 10523

Holbrook/ Ronkonkoma
233 Union Ave
Suite 207
Holbrook, NY 11741

Scarsdale
495 Central Park Avenue
Suite 205
Scarsdale, NY 10583



(influximab) REMICADE infusion orders

Date: _____

Patient Name _____ DOB _____

Phone _____ M F

NPI _____ Tax ID _____

Insurance Carrier (primary) _____

Insurance Carrier (secondary) _____

DIAGNOSIS *Please provide ICD-10 code*

- _____ Rheumatoid Arthritis
- _____ Psoriatic Arthritis
- _____ Plaque Psoriasis
- _____ Ankylosing Spondylitis

- _____ Crohn's Disease
- _____ Ulcerative Colitis
- _____

PRE-MEDICATION

- Tylenol 1000mg PO
- Diphenhydramine 25mg PO
- Cetirizine 10mg PO
- _____

- Solu-Medrol 125mg IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP
- _____

REMICADE ORDERS

DOSAGE	PATIENT WEIGHT
<input type="radio"/> _____ mg/kg <i>weight-based</i>	_____ lbs.
<input type="radio"/> _____ mg <i>flat-dosed</i>	_____ kg
FREQUENCY	
<input type="radio"/> every 0,2,6, and every 8 weeks (<i>induction</i>)	
<input type="radio"/> every _____ weeks	

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____