Chicago Illinois
4711 Golf Road
Suite 900
Skokie, IL 60076

ThrIVewell INFUSION
Office: 212-803-3339 Fax : 646-768-8600

REJUVEINATE

(belimumab)

BENLYSTA infusion orders

Date: _____

Patient Name _____ DOB _____

Phone _____ M ◯ F ◯

◯ Allergies _____

NPI _____ Tax ID _____

Insurance Carrier (primary) _____

Insurance Carrier (secondary) _____

DIAGNOSIS *Please provide ICD-10 code*

☐ _____ Systemic Lupus Erythmatosus

☐ _____ _____ *(other)*

REFERRAL STATUS

☐ New Prescription
☐ Order Renewal
☐ Does or Frequency Change
☐ Discontinuation

PRE-MEDICATION

☐ Tylenol 1000mg PO
☐ Diphenhydramine 25mg PO
☐ Cetirizine 10mg PO
☐ _____ *(other)*

☐ Solu-Medrol 125mg IVP
☐ Solu-Cortef 100mg IVP
☐ Diphenhydramine 25mg IVP
☐ _____ *(other)*

BENLYSTA ORDERS

DOSAGE

◉ 10mg/kg IV
◯ Other _____

PATIENT WEIGHT

_____ lbs.
_____ kg

FREQUENCY

◯ Dose at weeks 0, 2, and 4, then every 4 weeks
◯ Dose every 4 weeks

Total dosage:_____

NOTES

_____

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____