

☐ **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

☐ **Manhasset**
333 East Shore Road
Suite 201
Manhasset, NY 11030

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

☐ **Elmsford/Tarrytown**
555 Taxter Road
3rd Floor
Elmsford, NY 10523



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



☐ **Manhattan**
225 E 70th Street
Suite 1E
New York, NY 10021

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

☐ **Manhattan**
225 East 70th Street
New York, NY 10021

☐ **Holbrook/Ronkonoma**
233 Union Ave
Suite 207
Holbrook, NY 11741

☐ **Scarsdale**
495 Central Park Avenue
Suite 205
Scarsdale, NY 10583

☐ **5 Towns**
141 Washington Avenue
Cedarhurst, NY 11559

☐ **Long Beach**
917 Beech Street
Long Beach, NY 11561

☐ **Riverhead**
1228 E Main Street
Suite A
Riverhead, NY 11901

(belimumab)

BENLYSTA infusion orders

Date: _____

Patient Name _____ DOB _____

Phone _____ M ☐ F ☐

NPI _____ Tax ID _____

☐ Allergies _____

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 _____