

Los Angeles, CA
2080 Century Park East
Suite 710
Los Angeles, CA 90067

(certolizumab pegol)

CIMZIA infusion orders

Date: _____

Patient Name _____ DOB _____

Phone _____

☐ M ☐ F
☐ Allergies _____

NPI _____ Tax ID _____

Insurance Carrier (primary) _____

Insurance Carrier (secondary) _____

REFERRAL STATUS

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

DIAGNOSIS Please provide ICD-10 code

- ☐ _____ Rheumatoid Arthritis
☐ _____ Crohn's Disease
☐ _____ Ankylosing Spondylitis

- ☐ _____ Psoriatic Arthritis
☐ _____ (other)

PRE-MEDICATION

- ☐ Tylenol 1000mg PO
☐ Diphenhydramine 25mg PO
☐ Cetirizine 10mg PO
☐ _____ (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
☐ 400mg SQ every 4 weeks (maintenance)
☐ Other _____

TB TESTING

- ☐ Perform Quantiferon Gold (QFT Gold)
☐ Perform PPD Skin Test

PATIENT WEIGHT

_____ lbs.
_____ kg

- ☐ Total dosages _____
☐ Refills _____

NOTES

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____