Chicago Illinois
4711 Golf Road
Suite 900
Skokie, IL 60076

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

REJUVEINATE

(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 *(maintenance)*
◯ 400mg SQ every 4 weeks
◯ Other

PATIENT WEIGHT

_____ lbs.
_____ kg

◯ Total dosages _____
◯ Refills _____

TB TESTING

◯ Perform Quantiferon Gold (QFT Gold)
◯ Perform PPD Skin Test

NOTES

_____

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____