TN
100 Covey Drive
Suite 307
Franklin, TN 37067

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

REJUVEINATE

(certolizumab pegol)

CIMZIA infusion orders

Date: _____

Patient Name _____ DOB _____

Phone _____ M ○ F ○

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 _____