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

ThrIVewell INFUSION WEST
Office: 310-481-9944 Fax : 310-766-7001

MMI

(rituximab)

RITUXAN infusion orders

Date: _____

Patient Name _____ DOB _____

Phone _____ ◯ Allergies _____ 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
- ☐ _____ Granulomatosis w/Polyangitis *(wegener's granulomatosis GPA)*
- ☐ _____ Microscopic Polyangitis
- ☐ _____ _____ *(other)*

PRE-MEDICATION

- ☐ Tylenol 1000mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Cetirizine 10mg PO
- ☐ _____
- ☐ Solu-Medrol 125mg IVP
- ☐ Solu-Cortef 100mg IVP
- ☐ Diphenhydramine 25mg IVP
- ☐ _____

RITUXAN ORDERS

DOSAGE

- ◯ 1000mg
- ◯ 375mg/m^2
- ◯ Other _____

PATIENT WEIGHT

_____ lbs.

_____ kg

FREQUENCY

- ◯ intial dose (0) followed by 2nd dose on day 15 *(induction for RA diagnosis)*
- ◯ single dose
- ◯ every week for 4 weeks total
- ◯ _____ *(other frequency)*

◯ Total dosages _____

◯ Refills _____

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____