TN
100 Covey Drive
Suite 307
Franklin, TN 37067

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

REJUVEINATE

(golimumab) Date: _____

SIMPONI ARIA infusion orders

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
- ☐ _____ Active Psoriatic Arthritis (PSA)
- ☐ _____ Active Ankylosing Spondylitis (AS)
- ☐ _____ _____ *(other)*

PRE-MEDICATION

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

SIMPONI ARIA ORDERS

DOSAGE

- ◯ 2 mg/kg *(weight-based)*
- ◯ _____ mg *(flat dose)*
- ◯ Other _____

PATIENT WEIGHT

_____ lbs.

_____ kg

FREQUENCY

- ◯ every 0, 4, and every 8 weeks *(induction)*
- ◯ every _____ weeks

- ◯ Total dosages _____
- ◯ Refills _____

NOTES

_____

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____