TN
100 Covey Drive
Suite 307
Franklin, TN 37067

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

REJUVEINATE

(ustekinumab)

STELARA IV 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*

☐ _____ Crohn's Disease

☐ _____ _____
(other)

PRE-MEDICATION

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

STELARA INTRAVENOUS ORDERS

DOSAGE

- ◯ up to 55kg - **260mg** (2 vials)
- ◯ greater than 55kg to 85kg - **390mg** (3 vials)
- ◯ greater than 85kg - **520mg** (4 vials)
- ◯ Other _____

PATIENT WEIGHT

_____ lbs.

_____ kg

◯ Total dosages _____

◯ Refills _____

FREQUENCY

◯ initial infusion followed by SQ injections self-administered
(follow-up maintenance injections to be coordinated by a specialty pharmacy and are not part of this order)

Route: ◯ IV ◯ SQ

NOTES

_____

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____