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CIMZIA (certolizumab pegol) infusion orders

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Patient Name]	DOB		
Phone		М	F	
DIAGNOSIS Please provide ICD-10 code				
Rheumatoid Arthr Crohn's Disease	itis	Psoriatic Arthritis		
Ankylosing Spond	lylitis	(other)		
PRE-MEDICATION				
Tylenol 1000mg PO	Solu-Med	Solu-Medrol 125mg IVP		
Diphenhydramine 25mg PO	Solu-Cort	Solu-Cortef 100mg IVP		
Cetirizine 10mg PO	Diphenhy	ydramine 25r	ng IVP	
(other)			(other)	
CIMZIA ORDERS				
DOSAGE/FREQUENCY		DATIEN	IT WEIGHT	
400mg SQ initially and at weeks 2 and 4 (induction)		FAILL	lbs.	
200mg SQ every 2 weeks 400mg SQ every 4 weeks			kg	
TB TESTING Perform Quantiferon Go Perform PPD Skin Test	old (QFT Gold)			
NOTES				
ORDERING PROVIDER		.		
Signature X		Date		
Provider	Phone	Fax		