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ORENCIA (abatacept) infusion orders

Patient Name DOB
 Phone M F

DIAGNOSIS *Please provide ICD-10 code*

Rheumatoid Arthritis
 Polyarticular Idiopathic Arthritis > 6 yro (PJIA) *(other)*

PRE-MEDICATION

Tylenol 1000mg PO Diphenhydramine 25mg PO Cetirizine 10mg PO <i>(other)</i>	Solu-Medrol 125mg IVP Solu-Cortef 100mg IVP Diphenhydramine 25mg IVP <i>(other)</i>
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ORENCIA ORDERS

DOSAGE			PATIENT WEIGHT
500mg	750mg	1000mg	lbs.
FREQUENCY			kg
every 0,2,4, and every 4 weeks			
every	weeks		

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider Phone Fax