

## 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	Solu-Medrol 125mg IVP
Diphenhydramine 25mg PO	Solu-Cortef 100mg IVP
Cetirizine 10mg PO	Diphenhydramine 25mg IVP
Quzyttir 10mg IVSP over 1-2 min	<span style="float: right;"><i>(other)</i></span>

**ORENCIA ORDERS**

<b>DOSAGE</b>		<b>PATIENT WEIGHT</b>
500mg      750mg      1000mg		lbs.
<b>FREQUENCY</b>		kg
every 0,2,4, and every 4 weeks		
every _____ weeks		

**NOTES**

**ORDERING PROVIDER**

Signature   X   \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_