

**Patient Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Physician use only: **DOB:** \_\_\_\_\_ **Patient Weight (in kg):** \_\_\_\_\_

**SIG:**

- Actemra** \_\_\_\_\_ mg per kg every 4 weeks
- Benlysta** 10 mgs per kg IV on weeks 0, 2, 4 and then every 4 weeks
- Cimzia** \_\_\_\_\_ mg SC on weeks 0, 2, 4 and then every 4 weeks
- Entyvio** \_\_\_\_\_ mgs per kg IV @ weeks 0, 2, 6 and then every \_\_\_ weeks
- Evenity** 210 mg SC every month for 12 months
- Ocrevus** \_\_\_\_\_ 300 mgs IV @ weeks 0, 2 and then 600mg IV every 6 months
- Orencia** \_\_\_\_\_ mgs IV on weeks 0, 2, 4 and then every 4 weeks
- Prolia** 60 mg SC every 6 months
- Remicade** \_\_\_\_\_ mgs per kg IV @ weeks 0, 2, 6 and then every \_\_\_ weeks
- Rituxan** \_\_\_\_\_ mgs IV every \_\_\_\_\_
- Simponi Aria** 2 mg per kg IV at weeks 0, 4 and then every 8 weeks
- Stelara** \_\_\_\_\_ mgs IV @ weeks 0, 4 and then \_\_\_\_\_ mg IV every \_\_\_\_\_ weeks
- Other:** \_\_\_\_\_  IM or  IV or  SC q \_\_\_\_\_

**Premedication?:**  Yes  No

- Acetaminophen** \_\_\_\_\_ mg PO
  - Diphenhydramine** 25mg IV
  - Fexofenadine** 180mg PO
  - Methyprednisolone** 40mg IV
  - \_\_\_\_\_
- Screening labs/tests sent to us**

**Dx:** \_\_\_\_\_ **ICD-10 code:** \_\_\_\_\_

**MD Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MD Print Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Fax this prescription to our office with facesheet/insurance card/requested labs and/or tests (see [www.pacificinfusion.com](http://www.pacificinfusion.com) for comprehensive list) & give copy to patient.



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