

5230 Pacific Concourse Dr. Ste 100 Los Angeles, CA 90045 www.pacificinfusion.com (310) 297-9269 office (310) 297-9222 fax

Patient Name:		Pnone:	
Physician use only: SIG:	DOB:	Patient Weight (in kg):	
	nor ka IV overy A	wyaaks	
	, per kg IV every 4	Weeks	
	Avsolamgs per kg IV @ weeks 0, 2, 6 and then everyweeks Benlysta 10 mgs per kg IV on weeks 0, 2, 4 and then every 4 weeks		
Cimziamg SC			
		e then 1.75 mg per kg every 4 weeks	
Cosentyx 1.75 mg every	•	O ,	
=		6 and then everyweeks	
Evenity 210 mg SC eve			
	-	n 100 mg SC every 12 weeks	
Leqembi 10 mgs per kg			
=	Ocrevus 300 mgs IV @ weeks 0, 2 and then 600mg IV every 6 months		
	Orenciamgs IV on weeks 0, 2, 4 and then every 4 weeks		
☐ Prolia 60 mg SC every			
		s 0, 2, 6 and then everyweeks	
		s 0, 2, 6 and then everyweeks	
□ Rituxan mgs I			
☐ Saphenelo 300 mgs IV			
☐ Skyrizi 600 mgs per kg			
		4 and then every 8 weeks	
☐ Stelara mgs IV	' @ weeks 0, 4 and	then mg IV every weeks	
□ Other:		\square \square IM or \square IV or \square SC q \square	
Premedication?:	□No	•	
☐ Acetaminophenmg			
☐ Diphenhydramine 25mg I			
☐ Fexofenadine 180mg PO		☐ Screening labs/tests sent to us	
☐ Methyprednisolone ☐ 40	omg IV □ 125mg □	Other:	
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 for comprehensive list) & give copy to patient.