

Princeton / Somerset New Jersey
49 Veronica Avenue
Suite 202
Somerset, NJ 08873

Long Branch
422 Morris Avenue
Suite 7
Long branch, NJ 07740

Marlton
127 Church Road
Suite 600
Marlton, NJ 08053



(certolizumab pegol)

CIMZIA infusion orders

Date: _____

PATIENT INFORMATION		
Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

REFERRAL STATUS	
<input type="checkbox"/> New Referral	<input type="checkbox"/> Referral Renewal
<input type="checkbox"/> Medication/Order Change	<input type="checkbox"/> Benefits Verification Only
<input type="checkbox"/> Discontinuation Order	

PHYSICIAN INFORMATION	
Referral Coordinator Name:	Referral Coordinator Email:
Ordering Provider:	Provider NPI:
Referring Practice Name:	Phone: _____ Fax: _____
Practice Address:	City: _____ State: _____ Zip Code: _____

DIAGNOSIS <i>Please provide ICD-10 code</i>
<input type="checkbox"/> _____ Rheumatoid Arthritis
<input type="checkbox"/> _____ Crohn's Disease
<input type="checkbox"/> _____ Ankylosing Spondylitis
<input type="checkbox"/> _____ Psoriatic Arthritis
<input type="checkbox"/> _____ (other)
PRE-MEDICATION
<input type="checkbox"/> Tylenol 1000mg PO
<input type="checkbox"/> Diphenhydramine 25mg PO
<input type="checkbox"/> Cetirizine 10mg PO
<input type="checkbox"/> _____ (other)
<input type="checkbox"/> Solu-Medrol 125mg IVP
<input type="checkbox"/> Solu-Cortef 100mg IVP
<input type="checkbox"/> Diphenhydramine 25mg IVP
<input type="checkbox"/> _____ (other)

CIMZIA ORDERS
PATIENT WEIGHT
_____ lbs.
_____ kg
DOSAGE/FREQUENCY:
<input type="checkbox"/> 400mg SQ initially and at Weeks 2 and 4 (induction)
<input type="checkbox"/> 200mg SQ every 2 weeks (maintenance)
<input type="checkbox"/> 400mg SQ every 4 weeks
TB TESTING
<input type="checkbox"/> Perform Quantiferon Gold (QFT Gold)
<input type="checkbox"/> Perform PPD Skin Test

NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____