

Boca Raton
9980 Central Park Blvd
Suite 202, N
Boca Raton, FL 33428



(rituximab)

RITUXAN 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

New Referral Referral Renewal Medication/Order Change Benefits Verification Only 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 Please provide ICD-10 code

- _____ Rheumatoid Arthritis
- _____ Granulomatosis w/ Polyangitis
(wegener's granulomatosis GPA)
- _____ Microscopic Polyangitis
- _____ (other)

PRE-MEDICATION

- Tylenol 1000mg PO
- Diphenhydramine 25mg PO
- Cetirizine 10mg PO
- _____ (other)
- Solu-Medrol 125mg IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP
- _____ (other)

RITUXAN ORDERS

PATIENT WEIGHT

_____ lbs.
_____ kg

DOSAGE:

- 1000mg
- 375mg/m²
- Other _____

Frequency:

- Initial dose (0) followed by 2nd dose on day 15 *(induction for RA diagnosis)*
- Single Dose
- Every week for 4 weeks total
- _____ *(other frequency)*

Total dosage /refills _____

NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____