

Chicago Illinois  
4711 Golf Road  
Suite 900  
Skokie, IL 60076



(golimumab)

Date: \_\_\_\_\_

# SIMPONI ARIA infusion orders

## 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
- \_\_\_\_\_ Active Psoriatic Arthritis (PSA)
- \_\_\_\_\_ Active Ankylosing Spondylitis (AS)
- \_\_\_\_\_ (other)

### PRE-MEDICATION

- Tylenol 1000mg PO
- Diphenhydramine 25mg PO
- Cetrizine 10mg PO
- Solu-Medrol 125mg IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP
- \_\_\_\_\_ (other)
- \_\_\_\_\_ (other)

## SIMPONI ARIA ORDERS

### PATIENT WEIGHT

\_\_\_\_\_ lbs.  
\_\_\_\_\_ kg

### DOSAGE:

- 2mg/kg (weight based)
- \_\_\_\_\_mg/kg (flat dose)
- Other \_\_\_\_\_

### Frequency:

- every 0,4, and every 8 weeks (induction)
- every \_\_\_\_\_weeks
- Other \_\_\_\_\_
- \_\_\_\_\_ Total Dosages/  Refills

## NOTES/ADDITIONAL COMMENTS:

## ORDERING PROVIDER

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

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