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Email: intake@sageinfusion.com | Online: www.sageinfusion.com

CIMZIA infusion orders (certolizumab pegol)

Patient Name

DOB

Phone

M

F

DIAGNOSIS Please provide ICD-10 code

Rheumatoid Arthritis

Psoriatic Arthritis

Crohn's Disease

Ankylosing Spondylitis

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

(other)

(other)

CIMZIA ORDERS

DOSAGE/FREQUENCY	PATIENT WEIGHT
400mg SQ initially and at Weeks 2 and 4 <i>(induction)</i>	lbs.
200mg SQ every 2 weeks 400mg SQ every 4 weeks <i>(maintenance)</i>	kg
* Please provide proof of current (<1 yr) PPD testing	

NOTES

ORDERING PROVIDER

Signature X _____

Date

Provider

Phone

Fax