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RITUXAN infusion orders (rituximab)

Patient Name _____ DOB _____
Phone _____ M O F O

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
- _____
- Solu-Medrol 125mg IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP
- _____

RITUXAN ORDERS

<p>DOSAGE</p> <p><input checked="" type="radio"/> 500 mg</p> <p><input type="radio"/> 1000 mg</p> <p>FREQUENCY</p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/> initial dose (0) followed by 2nd dose on day 15 <small>(induction for RA diagnosis)</small></p> <p><input type="radio"/> _____ <small>(other frequency)</small></p>	<p>PATIENT WEIGHT</p> <p>_____ lbs.</p> <p>_____ kg</p>
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NOTES

ORDERING PROVIDER

Signature **X** _____ Date _____