sage infusion

Clearwater: Phone: 727.977.9717 I Fax: 727.977.9717
Tampa: Phone: 813.775.9997 I Fax: 813.775.9997
Email: intake@sageinfusion.com I Online: www.sageinfusion.com

SIMPONI ARIA infusion orders
(golimumab)

Patient Name _____ DOB _____

Phone _____ M ○ F ○

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
- ☐ Cetirizine 10mg PO
- ☐ _____
- ☐ Solu-Medrol 125mg IVP
- ☐ Solu-Cortef 100mg IVP
- ☐ Diphenhydramine 25mg IVP
- ☐ _____

SIMPONI ARIA ORDERS

DOSAGE

○ Notify MD if patient weight changes by _____ lbs. / kg (please circle)

○ _____ mg *(flat dose)*

PATIENT WEIGHT

_____ lbs.

_____ kg

FREQUENCY

○ every 0, 4, and every 8 weeks *(induction)*

○ every _____ weeks

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____