



(ustekinumab)

STELARA SQ injection order

Patient Name

DOB

Phone

M

F

DIAGNOSIS Please provide ICD-10 code

Crohn's Disease

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

STELARA SQ

DOSAGE		PATIENT WEIGHT
up to 55kg -	260mg (2 vials)	lbs.
greater than 55kg to 85kg -	390mg (3 vials)	kg
greater than 85kg -	520mg (4 vials)	
FREQUENCY		

NOTES

ORDERING PROVIDER

Signature X _____ Date

Provider

Phone

Fax