



Patient Information	
Name:	_____
DOB:	_____
Address:	_____
City:	_____ State: _____
Zip:	_____ Weight: _____
Phone:	_____
Allergies:	_____

Prescriber Information	
Prescriber Name:	_____
NPI:	_____
Address:	_____
City:	_____
State:	_____ Zip: _____
Phone:	_____

Diagnosis (please provide ICD-10 code in space provided):	
_____ Rheumatoid Arthritis	_____ Psoriatic Arthritis
_____ Crohn's Disease	
_____ Other: _____	

Nursing Orders: Hold infusion and notify provider for:

Signs/symptoms of illness or active infection, planned/recent surgical procedures, cough, night sweats, unintended weight loss, recent live vaccinations, active shingles.
If infusion related reaction occurs, stop infusion and follow Hypersensitivity Reaction Management Policy/Protocol as clinically indicated

Premedications:	
<input type="checkbox"/> Tylenol 650mg PO	<input type="checkbox"/> Loratadine 10mg PO
<input type="checkbox"/> Benadryl 25mg IV or PO	<input type="checkbox"/> Solu-Medrol 40mg, 125mg or _____ mg
<input type="checkbox"/> Other: _____	
Order valid for one year unless otherwise indicated. IV solutions and diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.	
CIMZIA SQ	<input type="checkbox"/> 200 mg <input type="checkbox"/> 400 mg <input type="checkbox"/> Inject every 2 weeks <input type="checkbox"/> Inject every 4 weeks <input type="checkbox"/> Inject every 2 weeks X 2 doses, then every 4 weeks thereafter

Prescriber Name (Please print): _____

Prescriber Signature: _____ Date: _____

Please include a copy of the latest insurance information as well as all applicable clinical notes.

Email to: orders@alliedinfusion.com Fax to: 832-698-3961

By signing this form, you certify that the use of the selected treatment is medically necessary and you will be supervising the treatment of the patient. Additionally, you authorize Allied Infusion Services to act as your prior authorization designated agent when interacting with medical and prescription payors and patient assistance programs.