WEST TEXAS
DIGESTIVE DISEASE CENTER
5115 80th Street, Lubbock, TX 79424

South Plains
Infusion
Tel (806) 788-4368, Fax (806) 302-1241

CIMZIA (certolizumab pegol) Infusion orders

Name:________________________ DOB:____________ M ○ F ○

Phone #1 :______________(H/W/C) Phone :_______________(H/W/C)

Diagnosis: Please provide ICD-10 code

○_________________ Crohn's Disease ○_________________(other)

Pre Medication:

- ☐ Tylenol 1000 mg PO
- ☐ Diphenhydramine 25 mg PO
- ☐ Diphenhydramine 25 IVP
- ☐ Solu-Medrol 125mg IVP
- ☐ Solu-Medrol 100mg IVP
- ☐ _______________(other)

CIMZIA ORDERS

DOSAGE/ Frequency

- ☐ Induction/ 400mg initially and at weeks 2 and 4
- ☐ Maintenance / 200 mg SQ every 2 weeks
- ☐ Maintenance / 400 mg SQ every 4 weeks

PATIENT WEIGHT

___________lbs

___________ kg

Needed documents:

☐ Recent Office notes (along with any therapies tried and outcomes)
☐ Current Medication List History, ☐ Physical Report (w/in past 6 months)
☐ Lab Results, ☐ Demographic Sheet, ☐ Insurance Cards (front and back)

ORDERING PROVIDER

Signature___________________________ **Date**________________

Provider ________________________ **Phone**_____________ **Fax**_________

Please **FAX** form and documents needed to **1-806-302-1241 (dial "1")**