



Friendly • Experienced • Caring

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Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician use only:

DOB: \_\_\_\_\_ Patient Weight (in kg): \_\_\_\_\_

SIG:

- Actemra \_\_\_\_\_ mg per kg IV every 4 weeks
Benlysta 10 mgs per kg IV on weeks 0, 2, 4 and then every 4 weeks
Cimzia \_\_\_\_\_ mg SC on weeks 0, 2, 4 and then every 4 weeks
Cosentyx 6 mg on week 0 as a loading dose then 1.75 mg per kg every 4 weeks
Cosentyx 1.75 mg every 4 weeks (without loading dose)
Entyvio 300 mgs per kg IV @ weeks 0, 2, 6 and then every \_\_\_ weeks
Evenity 210 mg SC every month for 12 months
Ilumya 100 mgs SC @ weeks 0, 4 and then 100 mg SC every 12 weeks
Kisunla 700 mgs IV @ weeks 0, 4 and 8 then 1400 mg every 4 weeks
Leqembi 10 mgs per kg IV every 2 weeks
Leqvio 284 mgs SC on week 0, then at 3 months then every 6 months
Ocrevus 300 mgs IV @ weeks 0, 2 and then 600mg IV every 6 months
OmvoH 300 mgs IV @ weeks 0, 4 and 8
Orencia \_\_\_\_\_ mgs IV on weeks 0, 2, 4 and then every 4 weeks
Prolia 60 mg SC every 6 months
Remicade \_\_\_\_\_ mgs per kg IV @ weeks 0, 2, 6 and then every \_\_\_ weeks
Renflexis \_\_\_\_\_ mgs per kg IV @ weeks 0, 2, 6 and then every \_\_\_ weeks
Rituxan \_\_\_\_\_ mgs IV every \_\_\_\_\_
Saphenelo 300 mgs IV every 4 weeks
Simponi Aria 2 mg per kg IV at weeks 0, 4 and then every 8 weeks
Skyrizi 600 mgs per kg IV @ weeks 0, 4, 8 (Crohn's Disease)
Skyrizi 1200 mgs per kg IV @ weeks 0, 4, 8 (Ulcerative Colitis)
Stelara \_\_\_\_\_ mgs IV @ weeks 0, 4 and then \_\_\_\_\_ mg IV every \_\_\_ weeks
Tepezza 10 mgs per kg IV @ weeks 0 an then 20 mg per kg IV every 3 weeks
Tremfya 200 mgs IV @ weeks 0, 4, 8
Uplizna 300 mgs @ weeks 0, 2 and then 300mg every 6 months from week 0
Other: \_\_\_\_\_ IM or IV or SC q \_\_\_\_\_

Premedication?: Yes No

- Acetaminophen \_\_\_\_\_ mg PO
Diphenhydramine 25mg IV
Fexofenadine 180mg PO Screening labs/tests sent to us
Methyprednisolone 40mg IV 125mg Other: \_\_\_\_\_

Dx: \_\_\_\_\_ ICD-10 code: \_\_\_\_\_

MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MD Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax this prescription to our office with facesheet/insurance card/requested labs and/or tests (see www.pacificinfusion.com for comprehensive list) & give copy to patient.