



Outpatient Infusion Center
Stelara Order

Please fax form to: 580-585-5472

Patient Information

Patient Name: DOB: Phone: Gender: M F
Patient Address: Email: Insurance:

Additional Information Needed

- Fax front/back of insurance card
Fax clinical/progress notes
Fax labs
Fax patient demographics
Fax current medication list
Fax TB and Hep B results

Diagnosis and Clinical Information

Diagnosis (ICD-10):

- K50.00 Crohn's Disease of small intestine without complications
K50.90 Crohn's Disease, Unspecified, without complications
K51.00 Ulcerative Chronic Pancolitis without complications
K51.90 Ulcerative Colitis, unspecified without complications
L40.0 Psoriasis Vulgaris (moderate-to-severe plaque psoriasis)
L40.50 Arthropathic Psoriasis, Unspecified
Other: DX:

Clinical Information:

- New Therapy Induction
Therapy Change
Therapy Continuation
Patient Weight: lbs/ kg
Patient Height: in/ cm
Allergies:
Therapies Tried and Failed:
TB Test: Date: Results:
Hep B Test: Date: Results:
Does the patient have venous access? Yes or No
If yes, What type?

Lab Orders

Lab Orders to be done by

- CBC w/o diff
CMP
ESR
CRP
HBsAg
HBsAB
HBcAB
Quantiferon Gold
Infusion Services
Other:
Referring Provider

Prescription Information

- Stelara
Initial Dose: mg IV beginning week
Maintenance Dose: 90mg Sub-Q every 8 weeks after initial week
Weight up to 55kg = 260mg
Weight 55kg to 85kg = 390mg
Weight >85kg = 520mg
Initial Dose: 0.75mg/kg Sub-Q weeks 0, 4
Maintenance Dose: 0.75mg/kg Sub-Q every 12 weeks after week 4
Initial Dose: 45mg Sub-Q weeks 0, 4
Maintenance Dose: 45mg Sub-Q every 12 weeks after week 4
Initial Dose: 90mg Sub-Q weeks 0, 4
Maintenance Dose: 90mg Sub-Q every 12 weeks after week 4

Misc Orders

- PICC/Midline/CAD dressing to be changed every 7 days

Flushes

- 10mL NS Flush Syringe PRN
Heparin 500units/5mL Flush Syringe PRN
50ml NS Bag PRN
250ml NS Bag PRN

Standing Orders for Adverse Reaction

- Stop infusion and initiate NS bolus
Notify Supervising physician and ordering provider
Solu-Cortef 100mg SIVP signs of adverse reaction
Benadryl 25 mg SIVP for hives or bronchial inflammation
Epi 1:1000 1mL IM, IV or SQ for anaphylaxis
Oxygen 2-5L nasal cannula
Albuterol 2.5mg inhaled PRN to chest tightness
Other:

Prescriber Information

Physician Name: Official Contact Name:
Contact #: Fax Number:
Address: City/State/Zip:
NPI#: DEA#: State License #:

Physician's Signature Date Time

