



Outpatient Infusion Center
Simponi Aria 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):

L40.50 Arthropathic Psoriasis, Unspecific
L40.59 Other Psoriatic Arthropathy
L40.52 Psoriatic Arthritis Multilans
M06.9 Rheumatoid Arthritis, Unspecified
M06.09 Rheumatoid Arthritis without Rheumatoid Factor, Multiple Sites
M45.0 Ankylosing Spondylitis of Multiple Sites in Spine
M45.9 Ankylosing Spondylitis of Unspecified Sites in Spine
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 No If yes, What type?
If no, Initiate IV access

Lab Orders

CBC CMP ESR CRP HBsAg HBsAB HBcAB Quantiferon Gold Infusion Services
Other: Referring Provider

Prescription Information

Simponi Aria Initial Dose: 2mg/kg beginning week and week 4
Maintenance Dose: 2mg/kg every 8 weeks after week 4

Misc Orders

PICC/ Midline/ CAD dressing to be changed every 7 days.
10mL NS Flush Syringe PRN
Heparin 500units/5mL Flush Syringe PRN
50ml NS Bag PRN
250ml NS Bag PRN

Standing Orders for Adverse Reactions

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

Prescriber Information

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

Physician's Signature Date Time

