



**Prestige Infusions**  
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# INFLECTRA

(infliximab-dyyb)

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Phone \_\_\_\_\_

M \_\_\_\_\_

F \_\_\_\_\_

**DIAGNOSIS** *Please provide ICD-10 code*

Rheumatoid Arthritis

Crohn's Disease

Psoriatic Arthritis

Ulcerative Colitis

Plaque Psoriasis

Ankylosing Spondylitis

**PRE-MEDICATION**

Tylenol 1000mg PO

Solu-Medrol 125mg IVP

Diphenhydramine 25mg PO

Solu-Cortef 100mg IVP

Cetirizine 10mg PO

Diphenhydramine 25mg IVP

**INFLECTRA ORDERS**

DOSAGE		PATIENT WEIGHT
mg/kg	<i>weight-based</i>	lbs.
mg	<i>flat-dosed</i>	kg
FREQUENCY		
every 0,2,6, and every 8 weeks ( <i>induction</i> )		
every	weeks	

**NOTES**

**ORDERING PROVIDER**

Signature   X   \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_