



7103 S. Peek Road #300 B Richmond TX 77407 Phone 346-560-7080 FAX 346-560-7081

## BENLYSTA (BELIMUMAB) INFUSION ORDERS

**REQUIRED INFORMATION**				
☐ This signed order form from the pr☐ Patient demographics & insurance☐ Clinical/Progress Notes, Labs, Tes☐ ANA Test	e information	ary diagnosis		
Patient Name:		DOB:		
Allergies:		Patient Phone:		
Diagnosis: □Systemic Lupus Erythe	∍matosus (ICD-10 0	Code:)		
	BEN	NLYSTA ORDERS		
☐ Benlysta 10mg/kg in 250mL of NS Frequency: ☐ Induction - 0, 14 days			Patient Weight:kg	·
	Γylenol 1000mg PO ⊒ Cetirizine 10mg P ⊒ Diphenhydramine ⊒ Loratadine 10mg	PO e 25mg PO	nistamine:	
Additional Pre-Medication Orders: [	□ Solu-Medrol □ Solu-Cortef	mg IVP mg IVP		
Additional Instructions:				
Physician Name:		Phone:	Fax:	
**Physician Signature:		Date:		