

**Physician Signature:



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

CIMZIA (CERTOLIZUMAB PEGOL) SUB-Q ORDERS

*REQUIRED INFORMATION**		
□ This signed order form from the provider □ Patient demographics & insurance information □ Clinical/Progress Notes, Labs & Tests supporting primary diagnosis □ TB Test Attached □ Perform TB Testing		
☐ TB Protocol : Baseline testing: Quantiferon Gold (QFT Gold) or PPD. ☐ Yearly TB Screening (Optional) ☐ Hepatitis B Protocol : Hep B surface antigen and Hep B Core AB total required.		
Patient Name:	DOB:	
Allergies:	Patient Phone:	
Diagnosis:		
□ Crohn's Disease (ICD-10 Code:) □ Ankylosing Spondylitis (ICD-10 Code:)		
□ Psoriatic Arthritis (ICD-10 Code:)	Other()
□ Rheumatoid Arthritis (ICD-10 Code:)		
J Code: J0717		
CIMZIA ORDERS		
Initial dose: ☐ 400mg SubQ at weeks 0,2 and 4		
Maintenance dose: ☐ 200mg SubQ every weeks for weeks		
□ 400mg SubQ every weeks for weeks **Date of last □ Remicade □ Orencia □ Humira □ CIMZIA dose: Date:		
Additional Instructions:		
Physician Name:	Phone:	Fax:
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Date: