



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

INFLECTRA (INFLIXIMAB-DYYB) INFUSION ORDERS

Inflectra Dose:mg/kg Frequency: Everyweeks or □0, 2, 6 then Everyweeks or □0, 2, 6 then Everyweeks or □0, 2, 6 then Every	e choose one antihistamine: irizine 10mg PO henhydramine 25mg PO atadine 10mg PO
Inflectra Dose:mg/kg Frequency: Everyweeks or □0, 2, 6 then Everyweeks or □0, 2, 6 then Everyweeks or □0, 2, 6 then Every	Pt. Weight kg very 8 weeks e choose one antihistamine: irizine 10mg PO henhydramine 25mg PO atadine 10mg PO
Inflectra Dose:mg/kg Frequency: Everyweeks or □0, 2, 6 then Everyweeks or □0, 2, 6 then Everyweeks or □0, 2, 6 then Every	Pt. Weight kg very 8 weeks e choose one antihistamine: irizine 10mg PO henhydramine 25mg PO
Inflectra Dose:mg/kg Frequency: Everyweeks or □0, 2, 6 then Every	Pt. Weight kg very 8 weeks e choose one antihistamine: irizine 10mg PO
Inflectra Dose:mg/kg Frequency: Everyweeks or □0, 2, 6 then Every	Pt. Weight kg very 8 weeks e choose one antihistamine:
Inflectra Dose:mg/kg Frequency: Everyweeks or □0, 2, 6 then Every	Pt. Weight kg very 8 weeks
Inflectra Dose:mg/kg	Pt. Weight kg
INFLECTR	A ORDERS
Q code: Q5102	
□ Psoriasis (ICD-10) □ Other	(ICD-10)
☐ Rheumatoid Arthritis (ICD-10) ☐ Ankylosing Sp	pondylitis (ICD-10)
☐ Crohn's Disease (ICD-10) ☐ Ulcerative Col	litis (ICD-10)
Diagnosis:	
Allergies:	Patient Phone:
Patient Name:	DOB:
Patient Name:	DOB:
☐ Hepatitis B Protocol: Hep B surface antigen and Hep B Cor	re AB total required.
☐ TB Protocol: Baseline testing: Quantiferon Gold (QFT Gold)	or PPD. □ Yearly TB Screening <i>(Optional)</i>
☐TB & Hepatitis B documentation, CBC and Liver function sho ☐TB Test Attached	buid be followed at regular intervals
☐ Patient demographics & insurance information ☐ Clinical/Progress Notes, Labs & Tests supporting primary of	
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