Houssam Al Kharrat
Gastroenterology
5115 80th Street
Lubbock, TX 79424
Phone: (806) 788-4368

South Plains Infusion

AVSOLA (infliximab-axxq) Infusion orders

Name:________________________ DOB:____________ M ○ F ○

Phone #1 :______________(H/W/C) Phone #2:_______________(H/W/C)

Diagnosis: Please provide ICD-10 code

○ ___________________Ulcerative colitis ○ ___________________(other)

○ ___________________Crohn's Disease

PRE-MEDICATION

- ☐ Tylenol 1000mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Cetirizine 10mg PO
- ☐ ____________ (other)
- ☐ Solu-Medrol 125mg IVP
- ☐ Solu-Cortef 100mg IVP
- ☐ Diphenhydramine 25mg IVP
- ☐ ____________ (other)

AVSOLA ORDERS

DOSAGE

☐ ___________ mg/kg weight-based

☐ ___________ mg flat-dosed

PATIENT WEIGHT

___________ lbs.

___________ kg

FREQUENCY

☐ every 0, 2, 6, and every 8 weeks (induction)

☐ every ___________ weeks

NOTES

ORDERING PROVIDER

Signature **X** ____ Date ____________

Provider ______________________ Phone ____________ Fax ____________

Please FAX: ○Medication Order ○Demographics ○Clinicals ○Labs ○X-Rays

to 1-806-302-1241 (must dial "1")