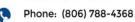


Houssam Al Kharrat Gastroenterology

 5115 80th Street Lubbock, TX 79424





AVSOLA (infliximab-axxq) Infusion orders

| Name: | DOB: | MO FO |
|--------------------------------------------------------------------------------------|-----------|----------------|
| Phone #1 :(H/W/C) | Phone #2: | (H/W/C) |
| Diagnosis: Please provide ICD-10 code Ulcerative colitis | 0 | (other) |
| OCrohn's Disease | | |
| PRE-MEDICATION Tylenol 1000mg PO Diphenhydramine 25mg PO Cetirizine 10mg PO (other) | | 9 |
| AVSOLA ORDERS | | |
| DOSAGE | | PATIENT WEIGHT |
| mg/kg weight-based mg flat-dosed FREQUENCY | | lbs. kg |
| ☐ every 0, 2, 6, and every 8 weeks (ind ☐ every weeks | luction) | |
| NOTES | | |
| ORDERING PROVIDER | | |
| Signature X | | Date |
| Provider | Phone | Fax |

Please FAX: OMedication Order ODemographics Oclinicals OLabs OX-Rays to 1-806-302-1241 (must dial "1")