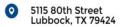
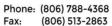


Houssam Al Kharrat Gastroenterology









SKYRIZI (risankizumab-rzaa) infusion orders

Name:		DOB:	MO FO
Phone #1 :	(H/W/C)	Phone #2:	(H/W/C)
Allergies:			
Diagnosis: Please provide I	CD-10 code		
0	Crohn's Disease	0	(other)
Pre-medication OTylenol 1000mg PO Ophenhydramine 25 mg PO Ocetirizine 10mp PO O		OSolu-Medrol 125mg IVP OSolu-Cortef 100mg IVP ODiphenhydramine 25mg IVP O	
SKYRIZI ORDERS			t week 0, week 4, and week 8.
☐ Maintenance 1 year	dose: 180mg subcuta	neously at week 12	, then every 8 weeks thereafter x
☐ Maintenance1 year	dose: 360mg subcuta	ineously at week 12	, then every 8 weeks thereafter x
			PATIENT WEIGHTIbskg
NOTES			^K
ORDERING PROVI	DER		
Signature X		Date	
Providor	Phor	10	Fav