WEST TEXAS DIGESTIVE DISEASE CENTER

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

South Plains Infusion

REMICADE (inflixinab) 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)*

REMICADE 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")