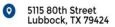
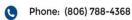


Houssam Al Kharrat Gastroenterology







CIMZIA (certolizumab pegol) Infusion orders

Name:	DOB:	M O F O	
Phone #1 :(H/W/C)	Phone #2:	(H/W/C)	
Diagnosis: Please provide ICD-10 code Crohn's Disease	0	(other)	
PRE-MEDICATION			
☐ Tylenol 1000mg PO☐ Diphenhydramine 25mg PC☐ Cetirizine 10mg PO☐ ☐ ☐	(other)	☐ Solu-Medrol 125mg IVP ☐ Solu-Cortef 100mg IVP ☐ Diphenhydramine 25mg IVP ☐ (other)	
CIMZIA ORDERS			
DOSAGE/FREQUENCY 400mg SQ initially ar 200mg SQ every 2 w 400mg SQ every 4 w TB TESTING Perform Quantiferon	reeks eeks ^(maintenance) Gold (QFT Gold)	kg	
Perform PPD Skin Tes	st		
NOTES			
ORDERING PROVIDER			_
3 /		Date	
Provider		PhoneFax	