WEST TEXAS
DIGESTIVE DISEASE CENTER
5115 80th Street, Lubbock, TX 79424

South Plains
Infusion
Tel (806) 788-4368, Fax (806) 302-1241

STELARA IV (Ustekinumab) Infusion orders

Name:_____ DOB:_____ M ○ F ○

Phone #1 :_____(H/W/C) Phone :_____(H/W/C)

Diagnosis: Please provide ICD-10 code

○_____ Crohn's Disease ○_____ Ulcerative Colitis
○_____(other)

Pre Medication:

☐ Tylenol 1000 mg PO
☐ Diphenhydramine 25 mg PO
☐ Diphenhydramine 25 IVP
☐ Solu-Medrol 125mg IVP
☐ Solu-Medrol 100mg IVP
☐ _____(other)

REMICADE ORDERS
DOSAGE/ Frequency

PATIENT WEIGHT
_____lbs
_____kg

☐ Up to 55 kg 260 mg (2 vials)
☐ Greater than 55 kg to 85 kg 390 mg (3 vials)
☐ Greater than 85 kg 520 mg (4 vials)
☐ Initial infusion followed by SQ injection self-administered.
☐ Check hepatitis B antibodies and T spot once a year per infusion protocol.

Needed documents:

☐ Recent Office notes (along with any therapies tried and outcomes)
☐ Current Medication List History, ☐ Physical Report (w/in past 6 months)
☐ Lab Results, ☐ Demographic Sheet, ☐ Insurance Cards (front and back)

ORDERING PROVIDER

Signature_____ Date_____

Provider _____ Phone_____ Fax_____

Please **FAX** form and documents needed to **1-806-302-1241 (dial "1")**