



CONSULTANTS INC
SPECIALIZING IN INFECTIOUS DISEASES

Ambulatory Infusion Center

Parkway Medical Center
3609 Park East Drive #207
Beachwood, OH 44122

216-360-0456 TEL
216-360-9449 FAX

www.idconsultants.com/aic

INFUSION ORDERS – CIMZIA (certolizumab)

Date of Referral: _____ Infusion Location: Beachwood Middleburg Heights Painesville

Patient Information

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ WT (kg): _____ HT (in): _____

Diagnosis: _____ ICD10 Code: _____

Allergies: _____

**PLEASE FAX SUPPORTING CLINICAL DOCUMENTATION, INCLUDING MEDICAL RECORDS/PROGRESS NOTES, LABS,
and INSURANCE INFORMATION (both front and back of the card) ALONG WITH THIS FORM**

CIMZIA DOSING

- Initial Dosing: 400 mg SQ injection at weeks 0, 2, and 4
- Maintenance Dosing: SQ injection 400 mg every 4 weeks
 200 mg every other week

Premeds Orders: _____

Special Needs/Consideration: _____

Date of last TB test: _____ Result: _____

Prescribing Physician: _____

Address: _____

Physician Signature: _____ Date: _____

Physician Phone: _____ Fax: _____

LAB REQUIREMENTS and LAB MONITORING ARE THE RESPONSIBILITY OF THE PRESCRIBING PHYSICIANS