

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M F Ht: _____ Wt: _____ lbs kg
 Primary Language: _____ Allergies: _____
 Patient Preferred Location: _____

DIAGNOSIS & CLINICAL INFORMATION

<ICD 10 CODE REQUIRED>

ICD 10 Code (PROVIDE COMPLETE CODE)

- | | | |
|--|---|--|
| K50.0 _____ Crohn's Disease, Small Intestine | L40.0 Psoriasis Vulgaris (Plaque Psoriasis) | M05.0 _____ Felty's Syndrome |
| K50.1 _____ Crohn's Disease, Large Intestine | L40.50 Arthropathic Psoriasis | M05. _____ Rheumatoid Arthritis, w/Rheumatoid Factor |
| K50.8 _____ Crohn's Disease, Small & Large Intestine | L40.52 Psoriatic Arthritis | M06. _____ Rheumatoid Arthritis, w/o Rheumatoid Factor |
| K50.9 _____ Crohn's Disease, Unspecified | L40.59 Other Psoriatic Arthropathy | M45. _____ Ankylosing Spondylitis |
| | L40.9 Psoriasis, Unspecified | |

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.
LAB RESULTS: Include Negative Hepatitis B within 3 years & Negative TB within 12 months.

PRESCRIPTION

CIMZIA (certolizumab pegol)

Loading Dose

SubQ: Inject 400 mg at weeks 0, 2, and 4

Maintenance Dose (SELECT ONE)

SubQ: Inject 200 mg every 2 weeks for one year
 SubQ: Inject 400 mg every 4 weeks for one year

Lab Orders+

Required: Negative TB, annually

+ Medix Infusion will draw maintenance labs unless otherwise directed by Referring Provider

Post Treatment Observations: The patient is observed for 30 minutes following the first administration.

Adverse Events: In the event of an adverse reaction occurring at a Medix Infusion suite, utilize the Medix Infusion adverse reactions protocol.

Comments:

PRESCRIBER INFORMATION

Prescriber Name: _____ Signature: _____
 Date: _____ NPI #: _____ Specialty: _____
 Supervising Physician: _____ (If Applicable)
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: _____ Fax: _____ Email: _____