

(abatacept)

ORENCIA infusion orders



Patient Name

DOB

Phone

M

F

DIAGNOSIS *Please provide ICD-10 code*

Rheumatoid Arthritis

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

ORENCIA ORDERS

DOSAGE				PATIENT WEIGHT
500mg	750mg	1000mg		lbs.
				kg
FREQUENCY				
every 0,2,4, and every 4 weeks	<i>(induction)</i>			
every	weeks			

NOTES

ORDERING PROVIDER

Signature X _____ Date

Provider

Phone

Fax