



# RITUXAN

(rituximab)

## PATIENT DEMOGRAPHICS

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M:  F:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Allergies: \_\_\_\_\_

## PRIMARY DIAGNOSIS

ICD-10 Code: \_\_\_\_\_

## DOCUMENTATION (PLEASE ATTACH)

Clinical / Progress Notes, Labs, Tests supporting primary diagnosis

- Hepatitis B screening (HBsAg and anti-HBc) prior to therapy initiation required
- Baseline labs: CBC W/ differentials, AST, ALT, SCR
- Monitor serum creatinine and urine output periodically during therapy

**Clearwell Infusion Centers will draw maintenance labs unless otherwise directed by Referring Provider**

## PRE-MEDICATION

<input type="checkbox"/> Acetaminophen 1000mg PO	<input type="checkbox"/> Solu-Medrol 125mg IVP
<input type="checkbox"/> Diphenhydramine 25mg PO	<input type="checkbox"/> Solu-Cortef 100mg IVP
<input type="checkbox"/> Ceterizine 10mg PO	<input type="checkbox"/> Diphenhydramine 25mg IVP
<input type="checkbox"/> Loratadine 10mg PO	<input type="checkbox"/> Other: _____

## PRIMARY MEDICATION ORDER

### Dosage

- 1000 mg
- 375mg/m<sup>2</sup>

Patient Weight:

\_\_\_\_\_ lbs  
\_\_\_\_\_ kg

### Frequency

- initial dose (0) followed by 2nd dose on day 15 (induction for RA diagnosis)
- single dose
- every week for 4 weeks total
- other frequency: \_\_\_\_\_

## NOTES

\_\_\_\_\_

## ORDERING PROVIDER

Provider Name: \_\_\_\_\_

NPI: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Office Contact: \_\_\_\_\_

Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_