vitalcare of CENTRAL MISSISSIPPI

Fountains Infusion Center

Vital Care of Central MS 159 Fountains Blvd.
Madison, MS 39110 Phone: 601.859.8200 Fax:
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SIMPONI ARIA (GOLIMUMAB) INFUSION ORDERS

****REQUIRED INFORMATION****

- ☐ This signed order form from the provider
- ☐ Patient demographics & insurance information
- ☐ **Clinical/Progress Notes, Labs, Tests** supporting primary diagnosis
- ☐ TB Test Results (Yearly Screening)
- ☐ **Hepatitis B Protocol:** Hep B surface antigen and Hep B Core AB total required.

Patient Name:	DOB:
Allergies:	Patient Phone:

Diagnosis: ☐ Rheumatoid Arthritis (ICD-10___________)

☐ Psoriatic Arthritis (ICD-10___________)

☐ Ankylosing Spondylitis (ICD-10___________)

☐ Other:______________________ (ICD-10___________)

J Code: J1602

SIMPONI ARIA ORDERS

Initial dose: ☐ 2mg/kg infused over 30 mins at weeks 0, 4 and then every 8 **Patient Weight:** _________kg

Maintenance dose ☐ Every 8 weeks **Refills:**______

Pre-Medication Orders: ____

Required labs to be drawn by: ☐ Infusion Center ☐ Referring Physician

Lab orders: ______________________________ **Frequency:** ________________________

Additional Instructions:

Physician Name:	Phone:	Fax:
**Physician Signature:	Date:	