



INFUSE ONE

(abatacept)

ORENCIA infusion orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS *Please provide ICD-10 code*

Rheumatoid Arthritis

Polyarticular Idiopathic Arthritis > 6 yro (PIA)

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

(other)

(other)

ORENCIA ORDERS

DOSAGE			PATIENT WEIGHT
500mg	750mg	1000mg	
FREQUENCY			lbs.
every 0,2,4, and every 4 weeks			kg
every		weeks	

NOTES

ORDERING PROVIDER

Signature X _____ Date

Provider

Phone

Fax