

Cimzia Subq (Certolizumab Pegol)
Referral Form

BURNHAM'S
vitalcare

REQUIRED INFORMATION

- ☐ This signed order form from the providers
☐ Patient demographics and insurance information
☐ Clinical/Progress Notes, Labs (including results for TB QuantiFERON Gold, Hep B surface antigen, and Hep B Core antibody total), and Tests supporting primary diagnosis (ICD-10 below)
☐ Documentation of any tried and failed therapies

Patient Name:	DOB:	Weight:
Allergies:	Patient Phone:	
Diagnosis: ☐ Crohn's Disease (ICD-10 _____) ☐ Plaque Psoriasis (ICD-10 _____) ☐ Psoriatic Arthritis (ICD-10 _____) ☐ Rheumatoid Arthritis (ICD-10 _____) ☐ Ankylosing Spondylitis (ICD-10 _____) ☐ Other (ICD-10 _____)		
Initial Dose: ☐ 400 mg subcutaneously at weeks 0, 2, and 4 Maintenance Dose: ☐ 200 mg subcutaneously every 2 weeks ☐ 400 mg subcutaneously every 4 weeks ☐ Other: _____ Refill: ☐ PRN x 1 year OR _____ times Pre-Medication Orders (optional): ☐ Acetaminophen 650 mg OR ☐ Acetaminophen 1000 mg ☐ Diphenhydramine 25 mg OR ☐ Cetirizine 10 mg ☐ Other: _____		
Required routine labs to be drawn by ☐ Infusion Center ☐ Referring Physician Labs: _____ Frequency: _____ CBC, TB, and Hep B should be monitored at regular intervals while on therapy		
Supply Orders: ☐ Pharmacy to provide all supplies needed to complete therapy as prescribed		
Nursing Orders: ☐ Pharmacy to provide nursing services for initial administration and teaching and as needed ☐ May use Burnham's Vital Care anaphylaxis protocol as needed		
Additional Instructions:		
Practitioner Name:	Practitioner Signature:	Date:
Practitioner Address:		

ALABAMA

2724 Old Shell Rd | Mobile, AL 36607

☎ **251-460-1010** | 📠 **251-301-9779**

MISSISSIPPI

4931 Main Street | Moss Point, MS 39563

☎ **228-474-4663** | 📠 **228-474-5545**