



Infusion for Health
 77 Rolling Oaks Drive, Suite 201
 Thousand Oaks, CA 91361
 Phone: 805-719-3700 Fax: 805-852-2636

SIMPONI ARIA ORDER
(golimumab)

****Please fax a copy of patient's demographics, insurance information, current lab results including TB & Hep B, H&P relevant to diagnosis & Rx, and current medications.***

Date: ___/___/___

Patient Name: _____ DOB: ___/___/___

Allergies: _____ Wt: _____ lbs / kg Ht: _____

Diagnosis: _____ ICD-10: _____

TB test date: _____ result: _____ Hepatitis B date: _____ result: _____

PRE-MEDS: Benadryl PO IV 25mg 50mg Pre med PRN
 Acetaminophen PO 650mg Pre med PRN
 Claritin Zyrtec PO 10mg Pre med PRN
 Solu-Medrol IV _____mg Pre med PRN
 Normal Saline Bolus IV 250 mL Pre med PRN
 Zofran PO IV _____ mg Pre med PRN

Simponi Aria (golimumab) IV Dosage
50 mg/vial

Total dose: _____ mg (2 mg/kg)

Initial dose at 0, 4 weeks, then Q 8 weeks

Start on: ___/___/___

Printed Provider's Name: _____ NPI: _____

Provider's Signature: _____ Date: ___/___/___

Office phone number: _____ Office Fax: _____

Office address: _____ Contact person: _____