



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

CIMZIA INJECTION ORDER

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

Date: ___/___/___

Patient Name: _____ DOB: ___/___/___

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

Diagnosis: _____ ICD-10: _____

Cimzia Dosage:

400 mg subcutaneous (2 x 200 mg/mL)

Frequency: Administer at week 0, 2, 4 and then

_____ mg every _____ weeks

Printed Provider's Name: _____ NPI: _____

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

Office phone number: _____ Office Fax: _____

Office address: _____ Contact person: _____