



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

RITUXAN ORDER
(Rituximab)

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

Date: ___/___/___

Patient Name: _____ DOB: ___/___/___

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

Diagnosis: _____ DX CODES: ICD-10: _____

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

Is patient on any antihypertensive meds that will need to be held 12 hrs prior to infusion? No Yes

PRE-MEDICATIONS: Benadryl PO IV 25mg 50mg Pre med PRN
 Acetaminophen PO IV 650mg 1000mg Pre med PRN
 Zyrtec PO IV 10mg 5mg Pre med PRN
 Solu-Medrol PO IV 125mg 250mg Pre med PRN
 Normal Saline Bolus 250 mL 500 mL

Rituxan (Rituximab) IV Dosage

Dose: _____ Frequency: _____

Start date of infusion: ___/___/___

Printed Provider's Name: _____ NPI: _____

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

Office phone number: _____ Office Fax: _____

Office address: _____ Contact person: _____