



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

STELARA ORDER
(Ustekinumab)

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

Date: ___/___/___

Patient Name: _____ DOB: ___/___/___

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

Diagnosis: _____ ICD-10: _____

TB test result & date: _____

- PRE-MEDS: Benadryl, Acetaminophen, Claritin, Zyrtec, Solu-Medrol, Normal Saline Bolus, Zofran. Includes checkboxes for PO, IV, 25mg, 50mg, 650mg, 10mg, and Pre med/PRN options.

Stelara (Ustekinumab) IV Dosing
130 mg/26 mL
Crohn's Disease
55kg or less: 260 mg 56 kg - 85 kg: 390 mg > 85 kg : 520 mg
Intravenous induction dose x 1 dose
over 1 hour in 250 mL normal saline

Printed Provider's Name: _____ NPI: _____

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

Office phone number: _____ Office Fax: _____

Office address: _____ Contact person: _____