

Rituxan Order

(Rituximab)



InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: _____ Treatment Location: _____

***Please fax a copy of the following patient information:** Demographics Insurance Information Current Medications
 H & P Relevant to Diagnosis Current CBC & CMP TB Results
 Hep B Results

PATIENT INFORMATION

Patient Name: _____

DOB: _____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: _____

ICD-10: _____

TB Test Date: _____ Result: _____ Hep 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: IV 250 mL 500 mL

RITUXAN (RITUXIMAB) IV DOSAGE

Date of Last Treatment, If Continuation: _____

Dose: _____ Frequency: _____

Start Date of Infusion: _____