

# Riabni Order

(Rituximab-arrx)



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

## PROVIDER INFORMATION

Printed Provider's Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## PRE-MEDICATIONS:

Benadryl:  PO  IV  25mg  50mg  Pre-med  PRN

Acetaminophen:  PO  650mg  Pre-med  PRN

Zyrtec:  PO  10mg  Pre-med  PRN

Solu-Medrol:  IV  125mg  Pre-med  PRN

Normal Saline Bolus:  IV  250 mL  500 mL

## RIABNI (RITUXIMAB-ARRX) IV DOSAGE

Date of Last Treatment, If Continuation: \_\_\_\_\_

**Dose:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

Start Date of Infusion: \_\_\_\_\_