FAX: 203-724-4838

CIVIC INFUSION

249 Danbury Road, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

(tildrakizumab)

ILUMYA infusion orders

Patient Name _____ DOB _____

Phone _____ M ○ F ○

DIAGNOSIS *Please provide ICD-10 code*

- ☐ _____ Plaque Psoriasis
- ☐ _____ Psoriasis Vulgaris
- ☐ _____ Psoriasis Unspecified

PRE-MEDICATION

- ☐ Tylenol 1000mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Cetirizine 10mg PO
- ☐ _____ *(other)*
- ☐ Solu-Medrol 125mg IVP
- ☐ Solu-Cortef 100mg IVP
- ☐ Diphenhydramine 25mg IVP
- ☐ _____ *(other)*

ILUMYA ORDERS

DOSAGE

◉ 100mg SQ - Dose at 0, 4, then every 12 weeks

PATIENT WEIGHT

_____ lbs.

_____ kg

HEIGHT _____ ft _____ in

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____

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