

Fax To: 281-406-1047 Email To: referrals@curbsideinfusion.com Office: 281-406-1046

STELARA IV (ustekinumab) infusion orders

Patient Name		v ∩ D		
Phone	D	OOB M	F	
DIAGNOSIS Please provide ICD-10 code				
Crohn's Disease				
	(oth	ner)		
PRE-MEDICATION				
Tylenol 1000mg PO	Solu-Medi	rol 125mg I	IVP	
Diphenhydramine 25mg PO		Solu-Cortef 100mg IVP		
Cetirizine 10mg PO	Diphenhydramine 25mg IVP			
Quzyttir 10mg IVSP over 1-2 m	• • •		S	
STELARA IV ORDERS				
DOSAGE		PATIE	NT WEIGHT	
up to 55kg - greater than 55kg to 85kg - greater than 85kg -	260mg (2 vials) 390mg (3 vials) 520mg (4 vials)		lbs. kg	
FREQUENCY				
initial infusion followed by S (follow-up maintenance injections to be coordinate)				
NOTES				
ORDERING PROVIDER		Data		
Signature X		Date		
Provider	Phone	Fax		