



Patient Name: \_\_\_\_\_  
Patient Phone: \_\_\_\_\_

DOB: \_\_\_\_\_  
SEX: M F

Please Attach All Insurance Information, front and back

### MEDICAL INFORMATION

**Diagnosis:** M05.79 Rheumatoid arthritis with rheumatoid factor  
without organ or systems involvement  
M06.9 Rheumatoid arthritis, unspecified  
L40.52 Active Psoriatic Arthritis  
M45.9 Active Ankylosing Spondylitis  
Other \_\_\_\_\_  
**ICD-10** \_\_\_\_\_

Patients weight: \_\_\_\_\_  
Lab Date: \_\_\_\_\_  
Allergies: \_\_\_\_\_

#### ALSO INCLUDE...

Clinical/ Progress Notes  
Demographics Sheet  
Current Medications  
Labs

### SIMPONI ARIA ORDER

**Patients weight:** \_\_\_\_\_ kg

**Simponi Aria Dose:** 2 mg/kg intravenous infusion over 30 minutes at weeks 0 and 4, then every 8 weeks

**Other: Maintenance:** \_\_\_\_\_ mg/kg IV on day 0, 4 weeks, then \_\_\_\_\_ every weeks.

**Dosing:** \_\_\_\_\_ mg/kg IV every \_\_\_\_\_ weeks.

**Date of last Simponi Aria Infusion:** \_\_\_\_\_

**Additional Comments:**

### PHYSICIAN INFORMATION

**Referring Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Practice Address:** \_\_\_\_\_

**Office Contact:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**NPI/ TIN:** \_\_\_\_\_

**Referring Physician's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_