



**406  
ARTHRITIS  
CLINIC**

Get back to your 406 life!

INFUSION SUITE		LEQVIO INJECTION ORDERS	
406 Arthritis Clinic LLC 2409 Arnold Ln Ste 9 Billings, MT 59102		Phone: 406-345-0211	Fax: 747-205-0742
<b>PATIENT INFORMATION - Include Patient Demographics and Insurance Cards</b>			
Name:	<input type="text"/>	DOB:	<input type="text"/>
<b>MEDICAL INFORMATION</b>			
ICD10:	<input type="text"/>	Patient Height:	<input type="text"/>
Patient Weight (kg):	<input type="text"/>	Allergies:	<input type="text"/>
*Weigh patient prior to each infusion			
<b>REQUIRED TESTING</b>			
<input type="checkbox"/> Lipid Panel: _____	<input type="text"/>		
Additional labs:	<input type="text"/>		
<b>PREMEDICATIONS 30 minutes prior to starting</b>			
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1 <input type="checkbox"/> 500mg PO X1 <input type="checkbox"/> 650mg PO X1		
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IVP X1 <input type="checkbox"/> 25mg PO X1 <input type="checkbox"/> 50mg IVP X1 <input type="checkbox"/> 50mg PO X1		
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1 <input type="checkbox"/> 100mg IV X1 <input type="checkbox"/> 125mg IV X1		
<input type="checkbox"/> Antihistamine:	<input type="checkbox"/> Cetirizine 10mg PO X1 <input type="checkbox"/> Loratadine 10mg PO X1		
<input type="checkbox"/> Additional PRN:	<input type="text"/>		
<b>LEQVIO ORDERS</b>			
<input type="checkbox"/> Initial:	284mg subcutaneous day 1, month 3, then every 6 months		
<input type="checkbox"/> Subsequent:	284mg subcutaneous every 6 months X 2		
<b>POST INJECTION</b>			
<input type="checkbox"/> Discharge home			
Referring Provider Printed:	<input type="text"/>		
Referring Provider Signature:	<input type="text"/>	Date:	<input type="text"/>
Referring Provider Phone:	<input type="text"/>	Referring Provider Fax:	<input type="text"/>
406 Provider Printed:	<input type="text"/>		
406 Provider Signature:	<input type="text"/>	Date:	<input type="text"/>

*\*Credentials must be included*

**Injection Directions:**

- Remove pre-filled syringes and allow to sit at room temperature for at least 30 minutes
- Inject in the thigh, abdomen (greater than 2" around navel), or outer area of upper arm