

Cimzia ® | (Certolizumab pegol)

## Please fax a copy of the following patient information:



Demographics  Insurance information  Current Lab Results  H&P  Current Medication

## Patient Information



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs/kg Height: \_\_\_\_\_

Diagnosis/ ICD-10:

- Rheumatoid arthritis(RA), unspecified / M06.9
- Psoriatic arthritis(PsA), unspecified / L40.52
- Ankylosing Spondylitis(AS), unspecified / M45.9
- Crohn's Disease, unspecified / K50.919
- Other (please specify) \_\_\_\_\_

Additional information: \_\_\_\_\_

## Provider Information



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

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

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

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

## Medication Information



Dose: \_\_\_\_\_ Frequency and Duration: \_\_\_\_\_

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

Other Orders or Special Instructions: \_\_\_\_\_

