ADVANCED
INFUSION CENTER

Tremfya (guselkumab) Infusion Order Form

Patient Name: _____ DOB: _____

Allergies: _____ Weight: _____lb./kg

Diagnosis: _____ ICD-10: _____

TB status:

- PPD (negative) date: _____ Active TB? _____ Unknown? _____
- Last CXR date: _____ Other: _____
- Past positive TB injection, course taken: _____

Induction Dose: Infuse Tremfya 200 mg over 1 hour at week 0, week 4 and week 8.

Maintenance Dose will be self-administered SC injections.

Pre- medications: _____

Lab Orders: _____

Physician Signature: _____ Date: _____

Physician Name printed: _____

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