NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

Skyrizi (Risankizumab-Rzaa)

Patient Name	Middle	Last	DOB

Diagnosis	Diagnosis Code

Height (cm)	Actual Weight (kg)	Allergies

*Required labs: CBC with differential and CMP at baseline, CMP prior to week 8 dose, TB and HBV screening prior to starting therapy.

CROHN DISEASE : IV INDUCTION DOSING/FREQUENCY:

- ◯ 600 mg IV at week 0, 4, and 8

ULCERATIVE COLITIS : IV INDUCTION DOSING/FREQUENCY:

- ◯ 1,200 mg IV at week 0, 4, and 8

Provider Name			Provider Signature
Date	Phone	Fax	Pager