



Aripiprazole orders

Patient Name _____

DOB _____

Phone Number _____

M ____ F ____

DIAGNOSIS *Please provide ICD-10 code*

_____ Schizophrenia

_____ Bipolar I Disorder

_____ Other

PRE-MEDICATIONS (optional)

Acetaminophen 1000mg PO

Solu-Medrol 125mg IVP

Diphenhydramine 25mg PO

Solu-Cortef 100mg IVP

Cetirizine 10mg PO

Diphenhydramine 25mg IVP

_____ (other)

_____ (other)

Aripiprazole ORDERS

DOSAGE & FREQUENCY

Abilify Maintena

300mg IM once every 4 weeks

400mg IM once every 4 weeks

Abilify Asimtufii

720mg IM once every 8 weeks

960mg IM once every 8 weeks

Patient Weight

_____ lbs

_____ kg

_____ Other

NOTES:

ORDERING PROVIDER

Signature _____ Phone _____ Fax _____

Provider _____ Date _____