



Risperidone orders

Patient Name _____

DOB _____

Phone Number _____

M ____ F ____

DIAGNOSIS *Please provide ICD-10 code*

_____ Schizophrenia

_____ Other

PRE-MEDICATIONS (optional)

Acetaminophen 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

_____ (other)

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

_____ (other)

Risperidone ORDERS

DOSAGE & FREQUENCY

Uzedy

50mg SQ every 4 weeks

75mg SQ every 4 weeks

100mg SQ every 4 weeks

100mg SQ every 8 weeks

125mg SQ every 4 weeks

150mg SQ every 8 weeks

200mg SQ every 8 weeks

250mg SQ every 8 weeks

Perseris

90mg SQ once every 4 weeks

120mg SQ once every 4 weeks

Patient Weight

_____ lbs

_____ kg

ORDERING PROVIDER

Signature _____ Phone _____ Fax _____

Provider _____ Date _____