

REFERRAL STATUS

- NEW REFERRAL
 DOSE/FREQUENCY CHANGE
 ORDER RENEWAL

PATIENT INFORMATION

NAME: _____

DATE OF BIRTH: ____/____/____

PHONE: (____) _____ - _____

 ALLERGIES: _____

WEIGHT: _____ LBS HEIGHT: _____ IN

PLEASE ATTACH DEMOGRAPHICS, CLINICALS, AND LABS

PROVIDER INFORMATION

NAME: _____

NPI: _____

SIGNATURE: _____

PHONE: (____) _____ - _____

FAX: (____) _____ - _____

CONTACT PERSON: _____

DATE: ____/____/____ REFILLS: _____

ALL ORDERS ARE VALID FOR ONE YEAR, UNLESS SPECIFIED

MEDICAL INFORMATION (REQUIRED)

- CIMZIA/REMICADE: HEPATITIS B SURF ANTIGEN, LAST HEPATITIS B CORE AB TOTAL, TB TEST
 TYSABRI: JCV ANTIBODY TEST, MRI RECORDS
 STELARA/ENTYVIO: TB TEST OR CXR
 ZINPLAVA: POSITIVE C. DIFF STOOL TEST
 SKYRIZI: LIVER ENZYMES AND BILIRUBIN AT BASELINE

MEDICATION ORDERS

- CIMZIA 400MG SQ AT WEEKS 0, 2, AND 4 FOLLOWED BY 200MG SQ EVERY 2 WEEKS
 CIMZIA _____ MG SQ EVERY _____ WEEKS

 ENTYVIO 300MG IV AT WEEKS 0, 2, 6, AND EVERY 8 WEEKS THEREAFTER
 ENTYVIO 300MG IV EVERY _____ WEEKS

 TYSABRI 300MG IV EVERY 4 WEEKS

 REMICADE AVSOLA INFLECTRA
 ADMINISTER _____ MG/KG IV AT WEEKS 0, 2, 6, AND EVERY 8 WEEKS THEREAFTER
 ADMINISTER _____ MG/KG IV EVERY _____ WEEKS
 *PRE-MED: TYLENOL 500MG PO, ZYRTEC 10MG PO

 ZINPLAVA 10MG/KG IV SINGLE DOSE

STELARA

- (<55KG) ADMINISTER 260MG IV SINGLE DOSE
 (55KG-85KG) ADMINISTER 390MG IV SINGLE DOSE
 (>85KG+) ADMINISTER 520MG IV SINGLE DOSE

 STELARA 90MG SQ EVERY _____ WEEKS

 SKYRIZI 600MG IV ON WEEKS 0, 4, AND 8
 SKYRIZI 360MG SQ BEGINNING ON WEEK 12, AND EVERY 8 WEEKS THEREAFTER

DIAGNOSIS

- K51.00 ULC (CHR) PANCOLITIS W/O COMP
 K51.20 ULC (CHR) PROCTITIS W/O COMP
 K51.30 ULC (CHR) RESTOSIG W/O COMP
 K51.80 OTH ULC COLITIS W/O COMP
 K51.90 ULC COLITIS, UNSP, W/O COMP
 K50.00 CROHN'S DIS OF SM INT W/O COMP
 K50.10 CROHN'S DIS OF LG INT W/O COMP
 K50.80 CROHN'S DIS OF SM/LG INT W/O CO
 K50.90 CROHN'S DIS, UNSP, W/O COMP
 K50.01____ CRO DIS OF SM INT W/ COMP
 K50.81____ CRO DIS OF SM/LG INT W/ COMP
 K50.91____ CRO DIS, UNSP, W/ COMP
 K50.11____ CRO DIS OF LG IN W/ COMP

OTHER: _____
 ICD-10: _____

PRE-MEDICATIONS

BENADRYL IV _____ MG
 REGLAN IV _____ MG
 SOLUMEDROL IV _____ MG
 ZOFRAN IV _____ MG
 OTHER IV _____ MG

 BENADRYL PO _____ MG
 TYLENOL PO _____ MG
 ZYRTEC PO _____ MG
 ZOFRAN PO _____ MG
 ZANTAC PO _____ MG
 OTHER PO _____ MG