

Treatment Location: \_\_\_\_\_

**PROVIDERS: Please include the following to expedite the order:**

Patient Demographics, Most Recent Office Visit Note, Insurance Information, List of Current Medications, TB Results

**PATIENT INFORMATION**Referral Status:  New Referral  Updated Order  Order Renewal

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

ICD-10 code (required):  K51. \_\_\_\_\_

ICD Description: \_\_\_\_\_

Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_

Patient Status:  New to Therapy  Continuing Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_**PROVIDER INFORMATION**

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**NURSING**

- Center will use Hypersensitivity protocol established by Infusion for Health and PI
- TB Test Results (list results/date & attach clinicals):  
\_\_\_\_\_

**LABORATORY ORDERS**

- CBC  at each dose  every \_\_\_\_\_
- CMP  at each dose  every \_\_\_\_\_
- Other: \_\_\_\_\_  Frequency: \_\_\_\_\_
- Please check this box if you DO NOT authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

**PRE-MEDICATION ORDERS**

Pre-Medications not usually indicated.

- Diphenhydramine  25mg /  50mg  PO /  IV
- Acetaminophen  325mg /  500mg /  650mg PO
- Other: \_\_\_\_\_  
Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

**THERAPY ADMINISTRATION**

- Tremfya Intravenous Infusion
- Induction: 200 mg IV infusion week 0, 4, and 8

*To ensure that a brand name product is dispensed, the prescriber must handwrite "Brand Medically Necessary" on the prescription form. If not indicated, I4H is authorized to administer a generic or biosimilar.*

**SPECIAL INSTRUCTIONS:**

Provider Name (Print)	Provider Signature	Date
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- Please check this box if you DO NOT authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.