## Gastroenterology Referral Form

Fax completed form to: 833-908-1122





Reference	PATIENT INFORMATION						
Recent Process   Rece	Patient Name:	Date			Referral Date:		
Secondary Contact:	Address:			Ci	<del>' '</del>		
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Office Contacts: Supervisory Physician (if applicable):  PLEASE ATTACH  Patient demographics & front/back copy of all insurance carts (prescription & medical) Recent office visit notes, history & physical, lab & pertinent morecular essults Gurrent medication list & list of prior medications tried and failled (with dates) Line access dounementation verification if applicable Vascine status (any vascination) and documentation of any recent vascinations  NURSING & LAB ORDERS  Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular excess device inserted on antifor management per physician orders.  Flush Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular excess device inserted on antifor management per physician orders.  Flush Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device inserted on antifor management per physician orders.  Flush Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device inserted on antifor management per physician orders.  Flush Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.  Flush Orders: All supplies for vascular access and provided as per requency:  PRESCRIPTION ORDERS  Anaphylasis Kit: Eplinephrine 0.3mg M as needed  Solu-Arcter 250mg 500mg 1 N over 30 minutes sprice to infusion  Other  Pre-Medications:  Accessmonophen mg PC minutes prior to infusion  More 30 minutes accessed on the provided as necessary  PRESCRIPTION INFORMATION  REFILLS  Bithis a first dose?  Solu-Medication is outside of PRDA quidelines  NONE  Maintenance: 300mg IV infusion via gravity —OR— pump over 30 minutes at week 0, 2, and 6 NONE  Maintenance: mg Mg or mg IV infusion via gravity —OR— pump over at least 2 hours at week 0, 2, and 6 NONE  Maintenance: mg Mg or mg IV infusion via gravity —OR— pump over							
Place   Plac				Ci	i i		
Patient demographics & front/back copy of all insurance cards (prescription 8 medical) Recent office wist notes, history & physical, lab & pertinent procedure results.  Gurent medication list & list of prior medications tried and failed (with dates) Line access dournematation/refification fapilicable Una caces dournematation/refification fapilicable Una control of a physical (story transported) Vaccine status (any vaccination) and documentation of any recent vaccinations  **NURSING & LAB ORDERS**  **Nurse Orders: Nacro. 9% - 5-10ml. flush pre and post infusion and as needed **Heparin**  Lab Orders: Nacro. 9% - 5-10ml. flush pre and post infusion and as needed **Heparin**  Lab Orders: Nacro. 9% - 5-10ml. flush pre and post infusion and as needed **Heparin**  Lab Orders: Nacro. 9% - 5-10ml. flush pre and post infusion and as needed **Heparin**  Lab Orders: Nacro. 9% - 5-10ml. flush pre and post infusion and as needed **Heparin**  September of the process of			ne:	Fax:			
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Recent office visit notes, history & physical, lab & pertinent procedure results Current medications list & list of prior medications tried and failed (with dates) Line access documentation /verification if applicable  Vaccine status (any vaccination) and documentation of any recent vaccinations  NURSING & LAB ORDERS  Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and and vascular access device insertion and/or management per physician orders.  **Rush Orders: Nurse to provide assessment, teaching, lab draws, medication administration and and vascular access device insertion and/or management per physician orders.  **Lab Orders: Lab Orders: Lab Orders: Lab Date & Frequency:  **PRESCRIPTION ORDERS**  **Anaphylaxis Kit:  **Cpinephrine 0.3mg IM as needed**  **Epinephrine 0.3mg IM as needed**  **Solu- order? 250mg 500mg IV as needed**  **Solu- order? 250mg 500mg IV as needed**  **Onlow- order? 250mg 500mg IV as needed**  **Onlow- order? 250mg 500mg IV as needed**  **Onlow- order? 250mg 500mg IV as needed**  **Other order? 250mg IV a							
Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.  Flush Orders: Nat Downson Stush if indicated to maintain line Lab Orders:	Recent office visit notes, history & physical, lab & pertinent procedure results Current medication list & list of prior medications tried and failed (with dates) Line access documentation/verification if applicable  HBV lab results within last 12 months (Infliximabs only) Liver enzymes lab results (Skyrizi only)  Bilirubin levels (Skyrizi only)						
Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.  Flush Orders: Nat Downson Stush if indicated to maintain line Lab Orders:							
Anaphylaxis Kit: Epinephrine 0.3mg IM as needed Solu-cortef 250mg-500mg IV as needed Other Pre-Medications: Actaminophen mg IV as needed NS Hydration 500 mI IV over 30 minutes as needed Other Pre-Medications: Actaminophen mg IV as needed NS Hydration 500 mI IV over 30 minutes as needed Other Pre-Medications: Actaminophen mg IV minutes prior to infusion Solu-Medrol mg IV minutes prior to infusion Other Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary  PRODUCT  PRESCRIPTION INFORMATION REFILLS  Is this a first dose? Ves No If No, when was last dose given? When is patient due for next dose?  Influximab Avsola Infletta Remicade Renflexis  Influction: mg/kg or mg IV infusion via gravity —OR— pump over 30 minutes every weeks  Influction: mg/kg or mg IV infusion via gravity —OR— pump over 30 minutes every weeks  Influction: mg/kg or mg IV infusion via gravity —OR— pump over 30 minutes every weeks  Influction: mg/kg or mg IV infusion via gravity —OR— pump over at least 2 hours at weeks 0, 2, and 6 NONE  Maintenance: mg/kg mg/lifusion via gravity —OR— pump over at least 2 hours every weeks  If Remicade infusion tolerated, adjust infusion time according to manufacturer package insert.  Induction: 600mg IV infusion via gravity —OR— pump over ne hour at week 0, 4, and 8 NONE  Maintenance: 360mg SV injection at Week 12, and every 8 weeks thereafter  Induction: (Adult Dosing-Based on body weight of patient at time of dosing): For patients Skg or less administer 260mg IV infusion via gravity —OR— pump over at least 1 hour x 1 dose For patients more than 55kg administer 90mg IV infusion via gravity —OR— pump over at least 1 hour x 1 dose  Maintenance: 90mg SubQ injection weeks after induction and every weeks thereafter  NONE  OTHER	Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.						
Anaphylaxis Kit: Epinephrine 0.3mg IM as needed Solu-cortef 250mg-500mg IV as needed Other Pre-Medications: Actaminophen mg IV as needed NS Hydration 500 mI IV over 30 minutes as needed Other Pre-Medications: Actaminophen mg IV as needed NS Hydration 500 mI IV over 30 minutes as needed Other Pre-Medications: Actaminophen mg IV minutes prior to infusion Solu-Medrol mg IV minutes prior to infusion Other Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary  PRODUCT  PRESCRIPTION INFORMATION REFILLS  Is this a first dose? Ves No If No, when was last dose given? When is patient due for next dose?  Influximab Avsola Infletta Remicade Renflexis  Influction: mg/kg or mg IV infusion via gravity —OR— pump over 30 minutes every weeks  Influction: mg/kg or mg IV infusion via gravity —OR— pump over 30 minutes every weeks  Influction: mg/kg or mg IV infusion via gravity —OR— pump over 30 minutes every weeks  Influction: mg/kg or mg IV infusion via gravity —OR— pump over at least 2 hours at weeks 0, 2, and 6 NONE  Maintenance: mg/kg mg/lifusion via gravity —OR— pump over at least 2 hours every weeks  If Remicade infusion tolerated, adjust infusion time according to manufacturer package insert.  Induction: 600mg IV infusion via gravity —OR— pump over ne hour at week 0, 4, and 8 NONE  Maintenance: 360mg SV injection at Week 12, and every 8 weeks thereafter  Induction: (Adult Dosing-Based on body weight of patient at time of dosing): For patients Skg or less administer 260mg IV infusion via gravity —OR— pump over at least 1 hour x 1 dose For patients more than 55kg administer 90mg IV infusion via gravity —OR— pump over at least 1 hour x 1 dose  Maintenance: 90mg SubQ injection weeks after induction and every weeks thereafter  NONE  OTHER	Lab Orders: Lab Date & Frequency:						
Anaphylaxis Kit: Epinephrine 0.3mg IM as needed							
Check all that apply   Diphenhydramine							
Pre-Medications:   Acetaminophen   mg PO   minutes prior to infusion   Solu-Medrol   mg IV   minutes prior to infusion							
Check all that apply    Diphenhydramine   mg   POOR   IV   minutes prior to infusion   Other							
Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary    PRESCRIPTION INFORMATION   REFILLS							
Strik a first dose?   Yes   No   If No, when was last dose given?							
Induction: 300mg IV infusion via gravityOR pump over 30 minutes at week 0, 2, and 6  Maintenance: 300mg IV infusion via gravityOR pump over 30 minutes every weeks  INFLIXIMAB Avsola Inflectra Remicade Renflexis  SKYRIZI  Induction: 600mg IV infusion via gravityOR pump over at least 2 hours at weeks 0, 2, and 6  Maintenance: mg/kg or mg IV infusion via gravityOR pump over at least 2 hours at weeks 0, 2, and 6  NONE  Maintenance: mg/kg or mg IV infusion via gravityOR pump over at least 2 hours every weeks  (Note: Round to nearest 100mg for Medicaid patients)  If Remicade infusion tolerated, adjust infusion time according to manufacturer package insert.  Induction: 600mg IV infusion via gravityOR pump over one hour at week 0, 4, and 8  NONE  Maintenance: 360mg SC injection at Week 12, and every 8 weeks thereafter  Induction (Adult Dosing -Based on body weight of patient at time of dosing):  For patients 55kg or less administer 260mg IV infusion via gravityOR pump over at least 1 hour x 1 dose For patients more than 85kg administer 390mg IV infusion via gravityOR pump over at least 1 hour x 1 dose For patients more than 85kg administer 520mg IV infusion via gravityOR pump over at least 1 hour x 1 dose  Maintenance: 90mg SubQ injection weeks after induction and every weeks thereafter  OTHER		-		·	•	REFILLS	
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By signing this form and utilizing our services, you are authorizing Amerita to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.	OTHER					NUNE	

Prescriber's Signature Print Name Date Prescriber's Signature

<u>Dispense as Written</u> <u>Substitution Permitted</u>

ACCHIDITIO Specially Pharmacy Section 08/01/2021

**Print Name** 



Date

