## **Dermatology** Referral Form

Fax Completed Form To: 833-433-7975



Patent Name   Date of Brits   Gay State Zay    Markes   Gay State Zay    Margies   President Deproces & IC-19    Physician Marme   IC-2    Physi								
Mothers Prome:   Gell Prance   Weight:   Weigh			PATIENT	INFORMATION				
Rome Phone:   Gelf Phone:   Work Phone:   Work Phone:   Persule	Patient Name:	Date	te of Birth:		Referral Date:			
Secondary Commark   Pulser Diagnos & IC-10-10-	Address:			City/	/State/Zip:			
Playsian Name:    District Name:   Distr	Home Phone:	Cell	l Phone:		Work Phone:			
Physician Hame:	Secondary Contact:	Heig	ight:	Weight:	Male Female			
PROVIDER INFORMATION Physician Rame:   Lic.#:   DEA #:   Physician Park   Physician Plane   Physician Plane   Physician Plane   Physician Plane   Physician (if applicable):   Phone:   Supervisory (Physician (if applicable):   Patient demographics & front/back copy of all insurance cards (prescription 8 medical) Recent office visit notes, history & physical, lab & pertinent procedure results Current medication list & list of prior medications tried and failed (with dates)   Recent office visit notes, history & physical, lab & pertinent procedure results Current medication list & list of prior medications tried and failed (with dates)   Recent office visit notes, history & physical, lab & pertinent procedure results Current medication list & list of prior medications tried and failed (with dates)   Recent office visit notes, history & physical, lab & pertinent procedure results Current medication list & list of prior medications tried and failed (with dates)   Recent office visit notes, history & physical, lab & pertinent procedure results Current medication list & list of prior medications tried and failed (with dates)   Recent office visit notes, history & physical, lab & pertinent procedure results Current medications list & list of prior medications tried and failed (with dates)   Recent office visit notes, history & physical, lab & pertinent procedure results Current of prior medications list & list of prior medications and as needed   Repairs   10unity mid-10ff, 13-3mil flush after post-initiosin on KS flush if indicated to maintain line Lab Otders:    List offices, lab   Physical prior   P	Patient Diagnosis & ICD	-10:						
Physician Name:    Practice Name:	Allergies:							
Precision   Monte   Mo			<del> </del>					
Office Contact:    Phone:   Fas:   Fas:		Lic.#	.#:					
Office Contact: Phone: Fac: Supervisory Physician (if applicable):  Patient demographics & front/back copy of all insurance cards (prescription & medical) Recent office wish notes, history & physical, lab & pertinent procedure results Gurrent medication list & list of prior medications tried and failed (with dates)  NURSING & Lab ORDERS  Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.  **RODOWS**—5-10mt flush pre and post infusion and as needed **Hepotin**—10 units int. — 10 medical necessity if drug dosing or indication is outside of FDR guidelines  **NURSING & Lab ORDERS**  NURSING & Lab ORDERS**  **NURSING & Lab ORDE				NPI#	<u>:</u>			
Place   Provided   P				City/	/State/Zip:			
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Patient demographics & Front/back copy of all insurance cards (prescription & medical) Recent office visit notes, Isistory & physical, lab & pertinent procedure results Current medication list & list of prior medications tried and failed (with dates)  **NURSING & LAB ORDERS**	Supervisory Physician (it	fapplicable):						
Recent office visit notes, history & physical, lab & pertinent procedure results  Unresults within last 12 months (infliciantos & Simponi Aria only)  Letter of medical necessity if drug dosing or indication is outside of FDA guidelines  NURSING & LAB ORDERS  Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Flush Orders: NarO 9.9% - 5-10mL flush pre and post infusion and as needed Heparin - Lab Date & Frequency:  PRESCRIPTION ORDERS  Anaphylaxis Kit:  Epinephrine 0.3mg IM as needed Solu-corted 250mg - 500mg IV as needed Ophers industry of the infusion of the service of the provided as necessary of the provided as necessary of the provided			PLEA	SE ATTACH				
NURSING & LAB ORDERS  Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Plans Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Plans Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Plans Orders: Nurse or provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Plans Orders: Nurse orders of the provide assessment, teaching, lab draws, medication administration lab vascular access device insertion and/or management per physician orders. Plans Orders: Nurse orders of the provided access orders or the provided access orders	Patient demographi	Patient demographics & front/back copy of all insurance cards (prescription & medical)  TB lab results within last 12 months (Stelara, Simponi Aria, Ilumva & Infliximabs only)						
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Flush Orders: Nat/1.09% - 5-10mL flush pree and post infusion and as needed   Heparin	NURSING & LAB ORDERS							
Flush Orders: Nat Journal Colon   Section   Flush price and post infusion and as needed   Heparin   Lab Date & Frequency:	Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.							
Lab Orders:   Separation   Se								
Anaphylaxis Kit:   Epinephrine 0.3mg IM as needed   Solu-cortef 250mg-500mg IV as needed   Other								
Anaphylaxis Kit:   Epinephrine 0.3mg IM as needed   Solu-cortef 250mg-500mg IV as needed   Other								
Check all that apply	<u> </u>							
Check at that apply   Diphenlydramine   mg P0   minutes prior to infusion   Solu-Medrol   mg IV   minutes prior to infusion   Other								
Check all that apply   Diphenhydramine   mg   POOR-   V infusion   minutes prior to infusion   Other	· 11// 1 / <b>J</b>							
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								
ILUMYA   100mg SC injection at 0 and 4 weeks then every 12 weeks								
ILUMYA   100mg SC injection at 0 and 4 weeks then every 12 weeks								
ILUMYA 100mg SC injection at 0 and 4 weeks then every 12 weeks  INFLIXIMAB Avsola Inflectra Remicade Renflexis  SIMPONI ARIA 2 mg/kg or 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 or mg IV infusion via gravity — OR — 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.  SIMPONI ARIA 2 mg/kg IV infusion via gravity — OR — pump over 30 minutes at weeks 0 and 4, and every 8 weeks thereafter 900 mg IV infusion over 90 minutes Additional 900 mg IV infusion over 90 minutes one week after initial dose if flare symptoms persist 500 mg V mg/kg U m								
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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							
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Prescriber's Signature

<u>Dispense as Written</u>

**Print Name** 

Date

Prescriber's Signature Substitution Permitted **Print Name** 

Date





