Dermatology Referral Form

Fax Completed Form To: 844-815-2606



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Flush Orders: Nat/1.09% - 5-10mL flush pree and post infusion and as needed Hepain	Nurse Orders: Nurse to	provide assessment, teaching, lab draws, me	dication administration an	nd vascular access device inserti	ion and/or ma	anagement per physician orders.		
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Check all that apply Diphenhydramine mg PO — OR— IV infusion 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								
Stills a first dose? Yes No If No, when was last dose given? When is patient due for next dose?	<u> </u>							
ILUMYA 100mg SC injection at 0 and 4 weeks then every 12 weeks							REFILLS	
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Prescriber's Signature
<u>Dispense as Written</u>

Print Name

Date

Prescriber's Signature Substitution Permitted Print Name

Date





