

Gastroenterology Referral Form



252 Port Richmond Ave, Staten Island, NY 10302

Date: _____ Needs by Date: _____

Ship to: Patient MD Office Language: _____

Nursing Instruction Required: Yes No

FAX REFERRAL TO: 718-360-9655

Or call 718-556-0942

Prescriber Information:

Prescriber: _____

Address: _____

Office Phone: _____

Office Fax: _____

Office Contact: _____

Patient Information: (Complete the following patient info sheet and send in the demographic sheet)

Patient Name: _____

Address: _____ City, State, Zip _____

Home Phone: _____ Alternate Phone: _____

Patient SS#: _____ Date of Birth: _____ Sex M F

Height _____ Weight _____ lbs kg Patient Allergies _____

Special Instructions _____

Primary Diagnosis: (ICD-10 Code & Description) K50.9 Crohn's Disease K51.9 Ulcerative colitis Other: _____

PLEASE ATTACH ALL PRIMARY AND SECONDARY INSURANCE INFO

PRESCRIPTION INFORMATION

<input type="checkbox"/> Cimzia	Starter Dose: <input type="checkbox"/> 400mg SC Week 0, Week 2 & Week 4	Maintenance Dose: <input type="checkbox"/> 400 mg SC every 4 Weeks <input type="checkbox"/> Alt. Dosage _____
<input type="checkbox"/> Entyvio 300mg Vial	Starter Dose: <input type="checkbox"/> 300mg IV Week 0, Week 2 & Week 6 <input type="checkbox"/> Alt. Dosage _____	Maintenance Dose: <input type="checkbox"/> 300 mg IV every 8 Weeks <input type="checkbox"/> Alt. Dosage _____
<input type="checkbox"/> Humira Pen Crohn's Disease Starter Package (1 Pack contains 6 pens) 40mg/0.8 mL	Starter Dose: <input type="checkbox"/> Week 0 (Day 1) 160 mg SC Four 40 mg SC injections on Day 1 OR <input type="checkbox"/> Week 2 (Day 15): 80mg (Two 40 mg injections) SC on Day 15 <input type="checkbox"/> Alt. Dosage _____	<input type="checkbox"/> Two 40 mg SC injections on Days 1 & 2 QTY: 4 weeks supply Refills: _____
<input type="checkbox"/> Humira Maintenance Therapy	<input type="checkbox"/> Humira Pen 40 mg/0.8 mL <input type="checkbox"/> Maintenance Dose (week 4+) 40 mg SC every other week <input type="checkbox"/> Alt. Dosage _____	<input type="checkbox"/> Humira Prefilled Syringe 40 mg/0.8 mL QTY: 2 Refills: _____ QTY: 28 days supply Refills: _____
<input type="checkbox"/> Remicade 100mg Vial	Starter Dose: <input type="checkbox"/> 5mg/kg IV week 0, week 2 & week 6	Maintenance Dose: <input type="checkbox"/> 5mg/kg IV every 8 weeks <input type="checkbox"/> 10mg/kg (for Crohn's disease if initial response lost) IV every 8 weeks <input type="checkbox"/> Alt. Dosage _____
<input type="checkbox"/> Simponi 100mg/ml	<input type="checkbox"/> Smart Ject injectable <input type="checkbox"/> Prefilled syringe	QTY: 28 days supply Refills: _____
	Starter Dose: <input type="checkbox"/> 200 mg SC week 0 <input type="checkbox"/> 100 mg SC week 2	Maintenance Dose: <input type="checkbox"/> 100 mg SC every 4 Weeks
<input type="checkbox"/> Stelara - IV Infusion for 1 dose then subcutaneous injection every 8 weeks	Starter Dose: 130mg Vial <input type="checkbox"/> < 55kg = 260mg IV x 1 dose <input type="checkbox"/> 55-85kg = 390mg IV x 1 dose <input type="checkbox"/> > 85kg = 520mg IV x 1 dose	Maintenance Dose: <input type="checkbox"/> 90mg SC every 8 weeks
<input type="checkbox"/> Uceris	<input type="checkbox"/> 9mg Oral tablet once daily for up to 8 weeks <input type="checkbox"/> 2mg rectal foam <input type="checkbox"/> Titration dose: 1 applicatorful rectally twice a day for 2 weeks <input type="checkbox"/> Completion dose: 1 applicatorful rectally at bed time for 4 weeks <input type="checkbox"/> Alt. Dosage _____	
<input type="checkbox"/> Viberzi tablet	<input type="checkbox"/> 100mg Po twice daily with food <input type="checkbox"/> 75mg Po twice daily with food	

*Please note this is a controlled substance & will require a hard copy Rx or Electronic prescription.

Please provide any tried and failed therapies: _____

Physician's Signature _____ DAW (Dispense as Written) Date ____ / ____ / ____

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee. Revised 03/01/11