



Patient Name: _____
Patient Phone: _____

DOB: _____
SEX: M F

Please Attach All Insurance Information, front and back

MEDICAL INFORMATION

- Diagnosis:** L40.0 Psoriasis vulgaris
 L40.50 Arthropathic psoriasis, unspecified
 L40.51 Distal interphalangeal psoriatic arthropathy
 L40.52 Psoriatic arthritis mutilans
 L40.53 Psoriatic spondylitis
 L40.59 Other psoriatic arthropathy
 K51.90 Ulcerative Colitis

Patients weight: _____
Lab Date: _____
Allergies: _____

ICD-10 _____

ALSO INCLUDE...

- Clinical/ Progress Notes
 Demographics Sheet
 Current Medications
 Labs

TREMFYA ORDER

Tremfya Dose: Administer 200mg mg via IV over at least one hour at week 0, week 4, and week 8.

Premeds: Benadryl (Diphenhydramine) Oral 25mg Oral 50mg IV 50mg
 Acetaminophen (Tylenol) 325 mg 650 mg

Additional Comments:

Date of last Tremfya Infusion: _____

PHYSICIAN INFORMATION

Referring Physician: _____ **Phone:** _____

Practice Address: _____

Office Contact: _____ **Fax:** _____

NPI/ TIN: _____

Referring Physician's Signature _____ **Date:** _____