LivWell INFUSIONS

Stelara and Biosimilars

Fax 888 511-7654 *Phone 888 864-7341*

Patient Name: _____ **DOB:** _____

Patient Phone: _____ **SEX:** M F

MEDICAL INFORMATION

Diagnosis:

- ◯ K50.0 Crohn's Disease, unspecified
- ◯ K51.90 Ulcerative Colitis, unspecified
- ◯ Other _____

ICD-10 _____

Patients weight (req'd): _____

Lab Date: _____

Allergies: _____

ALSO INCLUDE...

Clinical/ Progress Notes
Demographics Sheet
Current Medications
Labs

STELARA ORDER

Choose a Medication: ◯ Stelara ◯ Steqeyma ◯ Imuldosa ◯ Yesintek

Initial Dose (IV): ◯ 260 mg ◯ 390 mg ◯ 520 mg

To be administered in office only. Not for self or home injection.

Maintenance Dose:

To be administered in Ambulatory Infusion Suite.

SubQ injection ◯ 45mg ◯ 90 mg ◯ Other _____

SubQ frequency ◯ Every 8 weeks ◯ Every 12 weeks

Date of last Injection: _____

Premeds:

- ◯ Benadryl (Diphenhydramine) ◯ Oral 25mg ◯ Oral 50mg ◯ IV 50mg
- ◯ Acetaminophen (Tylenol) ◯ 325 mg ◯ 650 mg

Additional Comments:

PHYSICIAN INFORMATION

Referring Physician: _____ **Phone:** _____

Practice Address: _____

Office Contact: _____ **Fax:** _____

NPI/ TIN: _____

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