

PATIENT INFORMATION

Patient Name:		Prescriber:	
Street Address:		NPI:	
City, State, Zip:		Group:	
Phone #1:		Street Address:	
Phone #2:		City, State, Zip:	
Social Security:		Office Phone:	
Date of Birth:	/ /	Office Fax:	
Sex:	<input type="checkbox"/> M <input type="checkbox"/> F	Primary Contact:	

PLEASE SEND INSURANCE CARD AND DEMOGRAPHIC INFORMATION

DIAGNOSIS ICD-10: _____

Crohn's Disease

Ulcerative Colitis

Eosinophilic Esophagitis

CURRENT / PREVIOUS THERAPIES FOR THIS CONDITION

Immunosuppressants	<input type="checkbox"/> 5-ASA <input type="checkbox"/> Azathioprine <input type="checkbox"/> Budesonide <input type="checkbox"/> Mercaptopurine <input type="checkbox"/> Mesalamine <input type="checkbox"/> Prednisone <input type="checkbox"/> Sulfasalazine
Biologics	<input type="checkbox"/> Cimzia <input type="checkbox"/> Entyvio <input type="checkbox"/> Humira <input type="checkbox"/> Remicade <input type="checkbox"/> Rinvoq <input type="checkbox"/> Simponi <input type="checkbox"/> Skyrizi <input type="checkbox"/> Stelara <input type="checkbox"/> Xeljanz
PPD/Chest X-Ray for TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No Drug Allergies (list): _____

PRESCRIPTION INFORMATION

<input type="checkbox"/> Cimzia	<input type="checkbox"/> Prefilled Syringe <input type="checkbox"/> LYO Powder	<input type="checkbox"/> Initial: Inject 400mg SQ at weeks 0, 2 and 4 (qty 3 kits) <input type="checkbox"/> Maint: Inject _____mg SC every: <input type="checkbox"/> 2 <input type="checkbox"/> 4 wks (qty _____)	Refill: 0 Refill:
<input type="checkbox"/> Dupixent	<input type="checkbox"/> 300mg Syringe <input type="checkbox"/> 300mg Pen	<input type="checkbox"/> Inject 300mg Once Weekly	Refill:
<input type="checkbox"/> Humira Induction <input type="checkbox"/> Amjevita Induction	<input type="checkbox"/> 80mg/0.8ml PEN (qty 3)	<input type="checkbox"/> Inject 160mg SQ on Day 1, then 80mg on day 15 <input type="checkbox"/> Inject 80mg SQ on Day 1, 2 and 15	Refill: 0
<input type="checkbox"/> Humira Maintenance <input type="checkbox"/> Amjevita Maintenance	<input type="checkbox"/> 40mg/0.4ml PEN <input type="checkbox"/> 40mg/0.4ml Syringe <input type="checkbox"/> 80mg/0.8ml PEN	<input type="checkbox"/> Inject 40mg SQ every-other-week <input type="checkbox"/> Inject 80mg SQ every ____ week(s)	Refill:
<input type="checkbox"/> Rinvoq	<input type="checkbox"/> 15mg Tablet <input type="checkbox"/> 30mg Tablet <input type="checkbox"/> 45mg Tablet	<input type="checkbox"/> Start: 45mg once daily: <input type="checkbox"/> 8 weeks <input type="checkbox"/> ____ weeks <input type="checkbox"/> Maint: <input type="checkbox"/> 15mg once daily <input type="checkbox"/> 30mg once daily	Refill: Refill:
<input type="checkbox"/> Skyrizi	<input type="checkbox"/> 180mg Cartridge <input type="checkbox"/> 360mg Cartridge	<input type="checkbox"/> Inject _____mg with OBI at Week 12 then Every 8 Weeks *** Loading Dose Infusion was Started on Date: _____	Refill:
<input type="checkbox"/> Simponi Induction	<input type="checkbox"/> 100mg Syringe <input type="checkbox"/> 100mg SmartJect	<input type="checkbox"/> Inject 200mg SQ at week 0, then 100mg at week 2	Refill: 0
<input type="checkbox"/> Simponi Maintenance	<input type="checkbox"/> 100mg Syringe <input type="checkbox"/> 100mg SmartJect	<input type="checkbox"/> Inject 100mg every 4 weeks	Refill:
<input type="checkbox"/> Stelara	<input type="checkbox"/> 130mg Vial (Start) <input type="checkbox"/> 90mg Syringe (Maint.)	<input type="checkbox"/> Start: _____ mg IV at day 0 (qty _____) *WEIGHT _____ <input type="checkbox"/> Maint: Inject 90mg SC at week 8, then every 8 weeks	Refill: 0 Refill:
<input type="checkbox"/> Xeljanz	<input type="checkbox"/> 5mg Tablet <input type="checkbox"/> 10mg Tablet	<input type="checkbox"/> Start: 10mg twice daily: <input type="checkbox"/> 8 weeks <input type="checkbox"/> ____ weeks <input type="checkbox"/> Maint: <input type="checkbox"/> 5mg twice daily <input type="checkbox"/> 10mg twice daily	Refill: 0 Refill:

PRESCRIBER SIGNATURE _____ DATE ____ / ____ / ____
 PRODUCT SUBSTITUTION PERMITTED DISPENSE AS WRITTEN