DERMATOLOGY REFERRAL FORM A-O

Phone (888) 370.1724 Fax (877) 645.7514 10004 S. 152nd St, Suite A, Omaha NE 68138



Patient Inforn	nation	DI EASE D	AY ING	SUBANCE	ARD (FRONT AND R	SVCK)	P	rescriber Info	rmatio	n				
Last Name First Name				FAX INSURANCE CARD (FRONT AND BACK)				Prescriber Information Practice/Facility Name						
Address			I⊢	dress										
_			T _{air}				—	1				710		
City State					ZIP		City			State	te ZIP			
Phone			SSN					Prescriber Name						
Allergies				Latex Allerg	y Yes N	lo	Pre	scriber NPI						
Sex Male Female Weight (kg)			Height (ft,in)			Nurse/Key Contact Phone/Pager								
Insurance Plan			Plan ID #			Fax			Email	Email				
Diagnosis/Cli	nical In	formation) PI	EASE FAX	CLINICAL AND LAB	INFORMATI	ION							
		Dermatitis			vulgaris/Plaque psoria			oriacie IAO	3 Other pso	riacie				
_		unspecified				73.2 Hidrade			Other:					
Date of diagnosis or y									_					
Active TB is ruled out:	Yes	No	D	ate of negati	ve TB test:/_	/								
Concomitant medicat														
Previous treatment re			son for	discontinuat	tion:									
Prescription I	nforma	tion												
MEDICATION	MEDICATION			STRENGT	H/DIRECTIONS FOF	RUSE					QTY		REFILLS	
Cimzia®	PFS			Starter dose: Inject 400mg SC at weeks 0, 2 and 4							6 x 200	6 x 200mg/ml 0		
Vi		Vials		Maintenance dose: Inject 200mg SC every 2 weeks Maintenance dose: Inject 400mg SC every 4 weeks							2 x 200	2 x 200mg/ml		
Cosentyx®			Starter dose: Inject 150mg SC once weekly at weeks 0, 1, 2 and 3							4 x 150	Omg/ml	_		
	Sensoready Pen		Starter dose: Inject 300mg SC once weekly at weeks 0, 1, 2 and 3								8 x 150	Omg/ml	0	
	PFS	PFS		Maintenance dose: Inject 150mg SC on week 4 and every 4 weeks thereafter								Omg/ml		
			Maintenance dose: Inject 300mg SC on week 4 and every 4 weeks thereafter								2 x 150	Omg/ml		
Dupixent®	PFS		Starter dose: Inject 600mg SC on day 1, followed by 300mg SC at day 15 and every 2 weeks thereafter								Omg/2ml	0		
			Maintenance dose: Inject 300mg SC every 2 weeks								+	0mg/2ml		
Enbrel® Adult	SureC PFS	Click Autoinjector Enbrel® Mini	Starter dose: Inject 50mg SC twice a week (72-96 hours apart) for 3 months Maintenance dose: Inject 50mg SC every week								8 x 50r		2	
Enbrel®	Vials		· · · · · · · · · · · · · · · · · · ·							4 x 50r				
Pediatric ≥4yo	DEC			Injectmg (0.8mg/kg) SC every week (<63 kg)							x 25mg			
Weightkg	SureClick Autoinjector PFS Enbrel® Mini		Inject 50mg SC every week (≥63kg)							4 x 50r	mg			
Humira®			Plaque psoriasis (starter dose): Inject 80mg SC day 1, then 40mg on day 8, then 40mg every 2 weeks Hidradenitis Suppurativa (starter dose): Inject 160mg SC on day 1, then 80mg on day 15							4 x 40mg/0.8ml 6 x 40mg/0.8ml		0		
	Pens PFS													
			Plaque psoriasis (maintenance dose): Inject 40mg SC every 2 weeks								2 x 40mg/0.8ml			
			Hidradenitis Suppurativa (maintenance dose): Inject 40mg SC on day 29 and every week thereafter						after	4 x 40mg/0.8ml				
Otezla®	28-day starter pack		Titration dose: Take as directed per package instructions							55 tabl	lets	0		
			Bridge dose: Take 30mg by mouth once daily								28			
	Tablets		Bridge dose: Take 30mg by mouth twice daily								20			
			Maintenance dose: Take 30mg by mouth once daily							30-day	supply			
	<u> </u>		Maintenance dose: Take 30mg by mouth twice daily brescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state-specific required language to prohibit substitution:											
n order for a brand name p	roduct to be o	dispensed, the pre	escriber i	nust handwrite	"Brand Necessary" or "Br	and Medically I	Neces	sary," or your state-spe	cific required	languag	e to prohibit su	ıbstitution:		
PRESCRIBER MUST M	IANUALLY S	SIGN - STAMP	SIGNAT	URE, SIGNA	TURE BY OTHER PERS	SONNEL ANI	D CO	MPUTER-GENERAT	ED SIGNAT	TURES	WILL NOT B	E ACCEP	TED	
PRODUCT SUBSTITU	LIUN DEDI	MITTED/Bran	d eych	ange nermi	tted (date)	DISDE	NSF	AS WRITTEN/Do	Not Subst	ituto	(de	ate)		
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