

**Borough Park**  
1428 36th Street  
Suite 107  
Brooklyn, NY 11218

**Queens**  
64-05 Yellowstone Blvd  
CF104  
Forest Hills, NY 11375

**Sheepshead Bay**  
2546 East 17th Street  
Fl. 1  
Brooklyn, NY 11235

**Long Island City**  
36-36 33rd  
Suite 311  
Long Island City, NY 11106

**Bronx**  
226 West 238th Street  
Bronx, NY 10463

**Midtown**  
120 East 56 Street  
Suite 3D  
New York, NY 10022

**FIDI**  
30 Broad Street  
Suite 401  
New York, NY 10004

**Gramercy**  
7 Gramercy Park West  
Lower Level  
New York, NY, 10003

**NYC**

**Upper East Side**  
225 E 70th Street  
Suite 1E  
New York, NY 10021

**Central Park West**  
115 Central Park West  
Suite 15  
New York, NY 10023



**Terrytown**  
555 Taxter Road  
3rd Floor  
Elmsford, NY 10523

**Port Jefferson**  
12 Medical Drive  
Suite B  
Port Jefferson Station, NY 11776

**Staten Island**  
27 New Dorp Lane  
Staten Island, NY 10306

**Southampton**  
625 Hampton Road  
Southampton, NY 11968

**Riverhead**  
1228 E Main Street  
Suite A  
Riverhead, NY 11901

**Holbrook**  
233 Union Avenue  
Suite 207  
Holbrook, NY 11741

**Woodbury**  
75 Froehlich Farm  
Woodbury, NY 11797

**Manhasset**  
333 East Shore Road  
Suite 201  
Manhasset, NY 11030

**Rockville Centre**  
165 North Village Avenue  
Suite 133  
Rockville Center, NY 11570

**5 Towns**  
141 Washington Avenue  
Cedarhurst, NY 11559

**New Hyde Park**  
1991 Marcus Ave  
Suite 110  
Lake Success, NY, 11042

# TREMFYA (guselkumab)

## ORDER FORM

Date: \_\_\_\_\_

### PATIENT INFORMATION

Name:	Phone:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
<input type="checkbox"/> NKDA	Allergies:	Weight lbs/kg:	

### PHYSICIAN INFORMATION

Physician Name*:	Practice Name:		
Address:	Office Contact Name:	Office Contact #:	
Phone:	Fax:	Email (for updates):	

### REFERRAL STATUS

**DOSAGE AND ADMINISTRATION:**  New Referral  Continuation  Medication/Order Change  Benefits Verification Only  Discontinuation Order

- Ulcerative Colitis:**  
Induction: 200 mg administered by intravenous infusion over at least one hour at Week 0, Week 4, and Week 8.  
  
Dx Code: \_\_\_\_\_
- Crohn's Disease:**  
Induction: 200 mg administered by intravenous infusion over at least one hour at Week 0, Week 4, and Week 8.  
  
Dx Code: \_\_\_\_\_
- Other: \_\_\_\_\_

### PRE-MEDICATION

- Tylenol PO 650mg  1000 MG  other \_\_\_\_\_
- Solumedrol 125mg IV  other \_\_\_\_\_
- Benadryl  25mg  50mg  other \_\_\_\_\_  IV  PO
- Medication \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_
- \_\_\_\_\_ (other)  \_\_\_\_\_ (other)

### REQUIRED DOCUMENTATION CHECKLIST:

- \_\_\_\_ Patient Demographics
- \_\_\_\_ Insurance Card/Information
- \_\_\_\_ Recent labs to **include QuantIFERON**, and if have CBC, CMP and Hep B surface antigen please send or any other recent labs
- \_\_\_\_ Current Medication List
- \_\_\_\_ Other

### ORDERING PROVIDER

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

NPI \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_