

TN  
100 Covey Drive  
Suite 307  
Franklin, TN 37067



Office: 212-803-3339 Fax : 646-768-8600

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

☐ New Referral ☐ Referral Renewal ☐ Medication/Order Change ☐ Benefits Verification Only ☐ Discontinuation Order

### DOSAGE AND ADMINISTRATION:

- ☐ **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 \_\_\_\_\_