

# Dermatology Referral Form

Fax #: \_\_\_\_\_

## Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Ship To:  Home  Clinic

## Please Attach a Demographics Page & Copy of Insurance Card with this Prescription if Available:

1. **Diagnosis:**  L40.8 Plaque Psoriasis  L40.50 Psoriatic Arthritis  L73.2 Hidradenitis Suppurativa  Other: \_\_\_\_\_
2. **Drug Allergies:** \_\_\_\_\_
3. **Failed Medications:**  Soriatane \_\_\_\_\_  MTX \_\_\_\_\_  Biologics \_\_\_\_\_  
(When)  PUVA / UVB \_\_\_\_\_  Topicals \_\_\_\_\_  Other \_\_\_\_\_
4. **Negative TB Skin Test (PPD Test):**  Yes  No When: \_\_\_\_\_ (Please Attach)
5. **Location:** % BSA: \_\_\_\_\_  Hands  Feet  Scalp  Groin  Nails  Other: \_\_\_\_\_

**Allergies:** \_\_\_\_\_ **Current Medication:** \_\_\_\_\_

## Medication

**Enbrel** \_\_\_ Sureclick \_\_\_\_\_ 50 mg Inject Enbrel \_\_\_\_\_ mg subcutaneously \_\_\_\_\_ x per week  
\_\_\_ Prefilled Syringe \_\_\_\_\_ 25 mg Quantity: 28 day supply Refills \_\_\_  
\_\_\_ Enbrel Mini

### **Humira 40 mg / 0.8 ml (Psoriasis Starter Pack) NDC #0074-4339-07**

Inject 80mg (2x40mg) SQ on day 1 Quantity # 1 Refills 0  
Inject 40mg SQ every other week starting on week two

### **Humira 40mg / 0.8 ml (standard maintenance)**

\_\_\_ Inject 40mg SQ every other week Quantity # \_\_\_\_\_ Refills \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_

### **Humira 40 mg / 0.8 ml (Hidradenitis Suppurativa Starter Pack) NDC # 0074-4339-06**

160mg SQ on day 1(Week 0) Quantity # 1 Refills 0  
80mg SQ on day 15

### **Humira 40mg / 0.8 ml (Hidradenitis Suppurativa maintenance)**

\_\_\_ Inject 40mg SQ on day 29 and then every week thereafter Quantity # \_\_\_\_\_ Refills \_\_\_\_\_

### **Cosentyx 150mg**

\_\_\_ 150mg Pen \_\_\_\_\_ Loading Dose: Inject \_\_\_ 300mg or \_\_\_ 150mg SQ at week 0, 1, 2, 3, and 4 Quantity # \_\_\_\_\_ Refills 0  
\_\_\_ 150mg Prefilled Syringe \_\_\_\_\_ Maintenance: Inject \_\_\_300mg or \_\_\_ 150mg SQ every 4 weeks Quantity # \_\_\_\_\_ Refills \_\_\_\_\_

### **Simponi 50mg**

\_\_\_ 50mg Smartject Inject 50mg SC once a month as directed Quantity # \_\_\_\_\_ Refills \_\_\_\_\_  
\_\_\_ 50mg Prefilled Syringe

### **Stelara 45mg \_\_\_\_\_**

Inject \_\_\_\_\_ mg on day 1, then week 4, then every 12 weeks

Quantity # \_\_\_\_\_ Refills \_\_\_\_\_

### **Otezla**

\_\_\_ Starter Pack \_\_\_\_\_ Take 1 tablet on day 1 then twice daily as directed Quantity # 1 Pack  
\_\_\_ 30 mg Tablets \_\_\_\_\_ Take 1 tablet by mouth twice daily Quantity # 60 Refills \_\_\_\_\_

### **Dupixent**

\_\_\_ Load: Inject 600mg SQ on day 1 Quantity # 2 syringes  
\_\_\_ 300mg/ 2 ml PFS w/shield \_\_\_\_\_ Maintenance: Inject 300mg SQ every 2 weeks Quantity # 2 syringes Refills: \_\_\_\_\_  
\_\_\_ 300mg/ 2 ml PFS w/o shield \_\_\_\_\_ starting on day 15

### **Tremfya 100mg/ml**

\_\_\_ Inject 100mg SQ on week 0 and week 4 Quantity: #1 Refills: #1  
\_\_\_ Inject 100mg SQ every 8 weeks Quantity: #1 Refills: \_\_\_\_\_

### **Taltz 80mg/ml**

\_\_\_ AutoInjector \_\_\_\_\_ Load: Inject 160mg SQ on week 0, then 80mg week 2, Quantity: #3 Refills: 0  
\_\_\_ Prefilled Syringe \_\_\_\_\_ then 80mg on weeks 4,6,8,10, then Quantity: #2 Refills: 1  
Inject 80 mg at week 12 Quantity: #1 Refills: 0  
\_\_\_ Load (Psoriatic Arthritis): Inject 160mg SQ on day 1 Quantity: #2 Refills: 0  
\_\_\_ Maintenance: Inject 80mg SQ every 4 weeks Quantity: #1 Refills: \_\_\_\_\_

### **Siliq 210mg**

\_\_\_ Load: Inject 210mg SQ at weeks 0,1, and 2 and then Quantity: #4 syringes Refills: 0  
Every two weeks.

\_\_\_ Maintenance: Inject 210mg SQ every 2 weeks Quantity: #2 syringes Refills: \_\_\_\_\_

## Physician Prescription Orders

Physician Name: \_\_\_\_\_ NPI #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_