

**Patient Information**

Patient Name:		DOB:	
Patient Phone:		Patient Email:	
NKDA	Allergies:	Weight lbs/kg:	Height:
Patient Status:	New to Therapy	Continuing Therapy	Therapy Change
Last infusion date (if applicable):		_____	
Is the patient pregnant, planning a pregnancy or nursing:		Yes	No
Does the patient need interpreter services:		Yes	No

**Provider Information**

Referral Coordinator Name:		Referral Coordinator Email:	
Ordering Provider:		Provider NPI:	
Referring Practice Name:		Phone:	Fax:
Practice Address:		City:	State: Zip:

**ICD-10 CODE**

L40.50 Psoriatic Arthritis	L40.0 Plaque Psoriasis	K50.90 Crohn's/Pediatric Crohn's Disease
K51.90 Ulcerative Colitis/Pediatric UC	Other: _____	

**Medication Order**

<b>Stelara (ustekinumab) IV INFUSION</b>	<b>Dose:</b>	260mg IV	390mg IV	520mg IV
	<b>Frequency:</b>	once (week 0)		
<b>Stelara (ustekinumab) SC INJECTION</b>	<b>Dose:</b>	0.75mg/kg	45mg	90mg
	<b>Frequency:</b>	Give at week 0, 4 then every 12 weeks		Give every 12 weeks
		Give at week 8 (after IV infusion) then every 8 weeks thereafter		Give every 8 weeks

**Documentation Required (Note: Send all labs, must include specific labs listed here)**

Labs (TB Test)	Insurance Card (front and back)	Current Medications	History/Progress Notes
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**Pre-Medication Order**

<b>acetaminophen</b> (Tylenol)	500mg	650mg	1000mg PO	<b>diphenhydramine</b> (Benadryl)	25mg	50mg /	PO	IV
<b>cetirizine</b> (Zyrtec)	10mg PO			<b>methylprednisolone</b> (Solu-Medrol)	40mg IV	125mg IV		
<b>loratadine</b> (Claritin)	10mg PO			<b>hydrocortisone</b> (Solu-Cortef)	100mg IV			
Other: _____								
Dose: _____			Route: _____			Frequency: _____		

**Special Instructions (Prior therapy, treatment dates, and reasons for d/c)**

Provider Name

Provider Signature

Date

Order Expiration Date (mm/dd/yy): \_\_\_\_\_ (If not indicated order will expire one year from date signature) Check here if this is a stat order

**Patient Information**

Patient Name:	DOB:	Sex:	M	F
Patient Phone:	Fasting:	Y	N	

**Lab Test (Please circle or write in ICD-10)**

<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ALT</td><td>R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21</td></tr> <tr><td>AST</td><td>R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21</td></tr> <tr><td>HEPATIC FUNCTION PANEL</td><td>R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21</td></tr> <tr><td>BASIC METABOLIC PANEL</td><td>I10, E87.1, Z79.899, E87.5, E80.20, G35, M81.0, M81.8, N18.9</td></tr> <tr><td>CALCIUM</td><td>M81.0, M81.8</td></tr> <tr><td>CBC (INCLUDES DIFF/PLT)</td><td>I10, D64.9, Z00.00, R53.83, G35, C50.011, D70.9, D50.0, D63.1</td></tr> <tr><td>CBC (H/H, RBC, WBC, PLT)s</td><td>I10, Z00.00, Z13.0, D64.9, G35, C50.011, D70.9, D50.0, D63.1</td></tr> <tr><td>COMP METABOLIC PANEL</td><td>I10, Z79.899, E78.5, E11.9, E78.2, E80.20, G35, M81.0, M81.8, N18.9</td></tr> <tr><td>CREATININE</td><td>M81.0, M81.8, G35</td></tr> <tr><td>C-REACTIVE PROTEIN (CRP)</td><td>R53.83, R79.82, M35.3, I10, M06.9, K50.90, K51.90, M32.9, L40.50</td></tr> <tr><td>FERRITIN</td><td>D64.9, D50.9, D50.0, D50.8, Z00.00, D63.1, N18.9</td></tr> <tr><td>G6PD</td><td>M1A.9XX0, M1A.9XX1</td></tr> <tr><td>GROWTH HORMONE</td><td>E22, C7A.1, E34</td></tr> <tr><td>HBSAG CONFIRMATION</td><td>Z11.3, Z36.9, Z20.2, Z11.59, G35, K50.90, K51.90, L40.0, L40.50, M06.9, M45.0</td></tr> <tr><td>HEMOGLOBIN &amp; HEMATOCRIT</td><td>D50.9, D64.9, D50.0, D63.1, N18.9</td></tr> <tr><td>HEMOGLOBIN A1C</td><td>E11.9, E11.65, R73.01, Z00.00, I10</td></tr> <tr><td>HEP B SURF AG</td><td>Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, G35, K50.90, K51.90, L40.0, L40.50, M06.9, M45.0</td></tr> <tr><td>HIV 4TH GEN</td><td>Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, Z11.4, Z21, B20</td></tr> <tr><td>HIV 1/2 AB DIFF</td><td>Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, Z11.4, Z21, B20</td></tr> </table>	ALT	R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21	AST	R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21	HEPATIC FUNCTION PANEL	R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21	BASIC METABOLIC PANEL	I10, E87.1, Z79.899, E87.5, E80.20, G35, M81.0, M81.8, N18.9	CALCIUM	M81.0, M81.8	CBC (INCLUDES DIFF/PLT)	I10, D64.9, Z00.00, R53.83, G35, C50.011, D70.9, D50.0, D63.1	CBC (H/H, RBC, WBC, PLT)s	I10, Z00.00, Z13.0, D64.9, G35, C50.011, D70.9, D50.0, D63.1	COMP METABOLIC PANEL	I10, Z79.899, E78.5, E11.9, E78.2, E80.20, G35, M81.0, M81.8, N18.9	CREATININE	M81.0, M81.8, G35	C-REACTIVE PROTEIN (CRP)	R53.83, R79.82, M35.3, I10, M06.9, K50.90, K51.90, M32.9, L40.50	FERRITIN	D64.9, D50.9, D50.0, D50.8, Z00.00, D63.1, N18.9	G6PD	M1A.9XX0, M1A.9XX1	GROWTH HORMONE	E22, C7A.1, E34	HBSAG CONFIRMATION	Z11.3, Z36.9, Z20.2, Z11.59, G35, K50.90, K51.90, L40.0, L40.50, M06.9, M45.0	HEMOGLOBIN & HEMATOCRIT	D50.9, D64.9, D50.0, D63.1, N18.9	HEMOGLOBIN A1C	E11.9, E11.65, R73.01, Z00.00, I10	HEP B SURF AG	Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, G35, K50.90, K51.90, L40.0, L40.50, M06.9, M45.0	HIV 4TH GEN	Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, Z11.4, Z21, B20	HIV 1/2 AB DIFF	Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, Z11.4, Z21, B20	<table border="1" style="width:100%; 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**Frequency**

Prior to each dose	Yearly	Other: Please Specify Below
Lab Test: _____	Frequency: _____	
Lab Test: _____	Frequency: _____	
Lab Test: _____	Frequency: _____	
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 \_\_\_\_\_  
**Provider Name**

 \_\_\_\_\_  
**Provider Signature**

 \_\_\_\_\_  
**Date**

 \_\_\_\_\_  
**Provider Phone**