

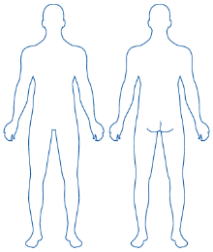
Dermatology Referral Form
DATE: _____ **NEEDS BY DATE:** _____ **SHIP TO (circle one) PATIENT HOME or MD OFFICE or OTHER** _____

PATIENT INFORMATION

 Patient Name _____
 Address _____
 City, State, ZIP _____
 Home Phone _____
 Alternate Phone _____
 Social Security Number _____ Gender _____

PRESCRIBER INFORMATION

 Prescriber Name _____
 Address _____
 City, State ZIP _____
 Phone _____ Fax _____
 Contact Person _____
 DEA # _____ NPI _____

INSURANCE INFORMATION: (Please send over a copy of the front and back of insurance and prescription cards)

CLINICAL INFORMATION
Diagnosis: _____ 696.1 Chronic Plaque Psoriasis, _____ Other **History:** Date of Diagnosis _____
 Severity of Plaque Psoriasis ___ Mild ___ Moderate ___ Moderate to Severe ___ Severe
 Percentage of the BSA affected? _____ Last TB Test date? _____
 Previous treatment of UVB or PUVA? _____ If yes, Date and Response _____

 Medications Tried/Failed with Dates: _____
 Other Medications: _____

PRESCRIPTION INFORMATION

MEDICATION	STRENGTH	SIG	QTY	REFILLS
Enbrel Sureclick	50mg	Inject 50mg SQ Twice a week	___ EIGHT ___	_____
		Inject 50mg SQ Once a week	___ FOUR ___	_____
Enbrel PFS	50mg	Inject 50mg SQ Twice a week	___ EIGHT ___	_____
		Inject 50mg SQ Once a week	___ FOUR ___	_____
Enbrel PFS	25mg	Inject 25mg SQ Twice a week	___ EIGHT ___	_____
		Inject 25mg SQ Once a week	___ FOUR ___	_____
Humira	40mg Starter Kit	Day 1 – Inject 80mg SQ		
		Day 8 – Inject 40mg SQ, then		
		Inject 40mg SQ QOW	___ One Kit ___	_____
Humira PFS	40mg	Inject 40mg SQ QOW	___ TWO ___	_____
Humira Pen	40mg	Inject 40mg SQ QOW	___ TWO ___	_____
Remicade Vial	100mg	_____	_____	_____
Simponi SmartJect	50mg	Inject 50mg SQ Every Month	___ ONE ___	_____
Simponi PFS	50mg	Inject 50mg SQ Every Month	___ ONE ___	_____
Stelara PFS	45mg	Inject 45mg SQ on Day 1 and Day 28, then		
		Inject 45mg SQ Every 12 weeks	___ ONE ___	_____
Stelara PFS	90mg	Inject 45mg SQ on Day 1 and Day 28, then		
		Inject 45mg SQ Every 12 weeks	___ ONE ___	_____

Other: _____

Prescriber Signature _____ Date _____ Dispense As Written? (Please write DAW) _____