



Patient Name: _____
Patient Phone: _____

DOB: _____
SEX: M F

Please Attach All Insurance Information, front and back

MEDICAL INFORMATION

Diagnosis: L40.0 Psoriasis vulgaris
L40.50 Arthropathic psoriasis, unspecified
L40.51 Distal interphalangeal psoriatic arthropathy
L40.52 Psoriatic arthritis mutilans
L40.53 Psoriatic spondylitis
L40.59 Other psoriatic arthropathy

Patients weight: _____
Lab Date: _____
Allergies: _____

ICD-10 _____

ALSO INCLUDE...

Clinical/ Progress Notes
Demographics Sheet
Current Medications
Labs

TREMFYA ORDER

Tremfya Dose: Administer 200mg mg via IV over at least one hour at week 0, week 4, and week 8.

Premeds: Benadryl (Diphenhydramine) Oral 25mg Oral 50mg IV 50mg
Acetaminophen (Tylenol) 325 mg 650 mg

Additional Comments:

Date of last Tremfya Infusion: _____

PHYSICIAN INFORMATION

Referring Physician: _____ **Phone:** _____

Practice Address: _____

Office Contact: _____ **Fax:** _____

NPI/ TIN: _____

Referring Physician's Signature _____ **Date:** _____