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Gastroenterology I-Z Referral Form

Urgent/Stat Standard

Prescriber

Prescriber Information

Prescriber Name: MD PA NP

NPI: | DEA: | Office Contact:

Address:

City: | State: | Zip: | Phone #: | Fax #:

Patient

Patient Information - Fax A Copy Of The Front And Back Of All Insurance Cards

First Name: | MI: | Last Name:

DOB: | Sex: M F | Last 4 Digits SSN : | Interpreter: Y N Specify:

Address:

City: | State: | Zip: | Primary #: | Alternate #:

Emergency Contact: | Phone #: | Contact Preference: AM Noon PM

Clinical

Clinical Information - Please Send Progress Notes, Lab Reports And Any Other Supporting Documents

ICD10/ Diagnosis Code: Crohn's Disease: K50.0 __ (Crohn's of the **Small** intestine) K50.1 __ (Crohn's of the **Large** intestine) K50.8 __ (Crohn's of the **Both** intestine) K50.9 __ (Crohn's Unspecified)

Ulcerative Colitis: K51.0 __ (Ulcerative Pancolitis) K51.2 __ (Ulcerative Procolitis) K51.3 __ (Ulcerative Rectosigmoiditis) K51.5 __ (Left Sided Colitis) K51.8 __ (Other Ulcerative Colitis)

K51.9 __ (Ulcerative Colitis Unspecified) K58.0 __ (Irritable Bowel Syndrome with Diarrhea) Other

Date of Diagnosis: / / | Negative TB: Yes No | Date: / / | Weight: _______ lb / kg | Height: _______ in / cm

Previous Therapies: | Allergies:

Prescription

Prescription Information

Dose Start Date: / / | New Prescription Refill Prescription New to Therapy Restarting Therapy

Deliver to: Patient´s Home Prescriber´s Office Other

Drug		Directions & Quantity	Refills
Simponi®	100 mg SmartJect Pen 100 mg Pre-filled Syringe	INITIAL: Inject 200 mg SQ on day 0, then 100 on day 14 (Quantity: 3) MAINTENANCE: Inject 100 mg SQ every 4 week (Quantity: 1)	
Stelara®	Pre-filled Syringe Weight Required	MAINTENANCE: Inject 0.5 ml (45mg) SQ 8 weeks after infusion, then every 8 weeks thereafter MAINTENANCE: Inject 1 ml (90mg) SQ 8 weeks after infusion, then every 8 weeks thereafter	
Xeljanz®	10 mg Tablets 5 mg Tablets 10 mg Tablets	INITIAL: Take 10 mg PO twice daily (Quantity: 60 with 1 refill) MAINTENANCE: Take 5 mg PO twice daily (Quantity: 60) MAINTENANCE: Take 10 mg PO twice daily (Quantity: 60)	
Other			

Dispense ancillary supplies, syringes and medical equipment necessary to administer medication.

Injection Training

Patient received injection training Prescriber's office to provide injection training Universal to coordinate injection training

By signing this form and utilizing our services, you are authorizing Universal Specialty Pharmacy and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Sign

Prescriber Signature and Date (Required to validate prescription)

Physician Signature: | Date: / /

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