



On your behalf, we can help your practice:

- ✓ Investigate Patient Insurance Coverage
- ✓ Collect Co-Payment when necessary
- ✓ Source Financial Assistance Programs
- ✓ Bill insurance for Rx
- ✓ Free Shipping

**10016 Pines Blvd
Pembroke Pines, FL 33024
Phone: 888-797-4632
Fax: 844-246-3364**

**6338 Lantana Road
Lake Worth, FL 33463
Phone: 561-353-1292
Fax: 561-353-1293**

**765 Morris Park Ave
Bronx, NY 10462
Phone: 718-823-6378
Fax: 718-823-6451**

Specialty Gastroenterology Order Form

Today's Date:

Date Medication Needed:

First Delivery to: Home OR MD Office

Subsequent Delivery to: Home OR MD Office

Patient Information			
Last Name:	First Name:		
Date of Birth:	Social Security:	Male	Female
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:		
Diagnosis/ICD-10 Code:	Height / Weight / Allergies:		
Insurance:	Policy #:	*Please include copy of insurance card*	

Prior History: (Please fax clinicals)	Prior Biologic Use: (Please fax clinicals)
5-ASA Prior Biologic Use	Corticosteroids
Immunosuppressants (6-MP or other)	Surgery
Other:	Methotrexate
Remicade	Humira
Simponi™	Enbrel®
	Cimzia
	Other:

Rx Prescription:				
Medication	Dose/Strength	Directions	Quantity	Refills
CIMZIA®	200 mg Starter Kit 200 mg PFS Kit 200 mg Vial Kit	Initial dose: Inject 400 mg SC at weeks 0, 2 & 4 Maintenance dose: Inject 400 mg SC Q4wks		
ENTYVIO®	300 mg/20 mL	Infuse 300 IV over 30 minutes at weeks 0, 2, and 6, then Q8 weeks thereafter		
HUMIRA®	Crohn's/UC Starter Pack: 40 mg/0.8 mL Pens (6 pens) 20mg/0.2mL PFS 20mg/0.4mL PFS 40mg/0.8mL PEN 40mg/0.8mL PFS	Inject 160 mg SC on day 1, then inject 80 mg on day 15, then inject 40 mg Q2wks Inject 80 mg SC on day 1, 2, and 15, then inject 40 mg Q2wks	6 pens	0
SIMPONI®	100 mg/mL PFS 100 mg/mL SmartJect® Autoinjector	Initial dose: Inject 200 mg SC at week 0, then 100 mg SC at week 2, then 100 mg SC Q4wks Maintenance dose: Inject 100 mg SC Q4wks		
STELARA®	130 mg/25 mL SDV 90 mg/mL PFS	<55kg: Infuse 260 mg (2 vials) over at least 1 hour >55kg to 85kg: Infuse 390 mg (3 vials) over at least 1 hour >85kg: Infuse 520 mg (4 vials) over at least 1 hour Maintenance Dose: Inject 90 mg SC 8 weeks after initial IV dose, then Q8wks thereafter		
REMICADE®	Patient weight: kg 100mg Vial	Starting Therapy: 5mg/kg _____mg IV at week: 0,2,6 (_____)mg/kg _____mg IV at week: 0,2,6 Maintenance: (_____ mg/kg) _____mg IV every _____ weeks		
OTHER:				

MD Signature:

Date:

MD Name (Printed):

NPI:

DEA:

Phone:

Fax:

Contact:

Address:

City:

State:

Zip: