

## Allergy, Asthma & Immunology Center, P.C. Infusion Services

Fax Referrals To: (855) 891-2191 www.aaicenter.net Iftikhar Hussain, MD

Have a Question? (855) 478-1528

## STELARA® (USTEKINUMAB) ORDER FORM \_\_\_\_STAT REQUEST

(* - Required Fields)	(*REASON MUST BE PROVIDED BELC	OW)
New Referral Order Rene Benefits Verification Only	wal Medication/Order Change Discontinuation Order	Locations:
PATIENT INFORMATIONOklahoma		
NAME*:	DOB*: SEX: M F	Tulsa
ADDRESS:	PHONE:	
WEIGHT: LBS KG HEIGHT:	EMAIL:	
ALLERGIES:		
PHYSICIAN IN	FORMATION	
PHYSICIAN NAME*:	PRACTICE NAME:	
ADDRESS:	OFFICE CONTACT*:	
PHONE: FAX:	EMAIL (FOR UPDATES):	]
STELARA ORDER*: (SELECT FROM THE FOLLOWING)  Initial Dosing: Infusion to equal 260 MG 390 M	ICD-10*:	
Dosing:45MG 90MG vials SQ on wee	k 0, 4, then every 12 weeks	
Maintenance Dosing: 45MG 90MG vials S	GQ every 8 weeks (GI Indication)	
Maintenance Dosing: 45MG 90MG vials SC	Q every 12 weeks	
Physician Signature*	Date*(Order is Valid for One Year)	
REQUIRED DIAGNOSIS:	REQUIRED DOCUMENTATION CHECKLIST:	
Crohn's Disease	Patient Demographics	
Plaque Psoriasis	Insurance Card/Information	
Psoriatic Arthritis	Clinical/Progress Notes supporting DX	
Ulcerative Colitis	Current Medication List and H&P	
Other		
*STAT REASON: (STAT request will be assessed per MPP policy and protocol)	TB Results (w/in 6 months)-if positive, need negative chest Xray and negative TSpot	
	Last Infusion/Injection Date:	
STANDING LAB ORDERS: CMP CBC		
Labs to be drawn by Infusion Center Frequer	ncy	
NOTES/ADDITIONAL COMMENTS:		
		REVISION DATE- 07/2020