

**Order Form**

<b>Patient Name</b>	
<b>DOB</b>	
<b>Address</b>	
<b>Phone</b>	

**Order Status**       New Order       Renewal       Dose or Frequency Change

<b>Diagnosis</b>	<input type="checkbox"/> Crohn's disease, moderate to severe	<b>Diagnosis Code:</b> _____
	<input type="checkbox"/> Ulcerative colitis	
	<input type="checkbox"/> Plaque psoriasis	
	<input type="checkbox"/> Psoriatic arthritis	
	<input type="checkbox"/> Other:	

**Allergies:**

<b>Required Information</b> (Please include lab result documents)	Negative Quantiferon TB or T-spot or chest x-ray	Date: _____	Weight: _____
	Diagnostic Hepatitis B Panel	Date: _____	
	Coccidioides Screen/Panel	Date: _____	Height: _____
	CBC, CMP	Date: _____	

**Labs**       CBC, CMP every \_\_\_\_\_       Other:

Induction: (dose is weight based)

- ≤ 55kg: 260mg **IV** as a single dose
- > 55kg to 85 kg: 390mg **IV** as a single dose
- > 85kg: 520mg **IV** as a single dose
- Other:

**Stelara**

Maintenance:

- 90mg **SQ** every 8 weeks
  - Other:
- 
- < 100kg: 45mg **SQ** at 0 and 4 weeks, and then every 12 weeks thereafter
  - > 100kg: 90mg **SQ** at 0 and 4 weeks, and then every 12 weeks thereafter
  - 45mg **SQ** at 0 and 4 weeks, and then every 12 weeks thereafter
  - Other:

**Infusion Reaction Medications**

Hypersensitivity Reaction Protocol will be utilized unless otherwise specified.

**Required Documentation**

- H&P or progress note supporting diagnosis
- Medication history
- Recent labs (as above) and/or diagnostic test results

Provider (print name):	Date:
Provider Signature:	NPI:
Office Phone:	Office Fax:

# OUTPATIENT INFUSION CENTERS

## Select an Infusion Center below (check box):

- Glendale Infusion Clinic  
6220 W Bell Road, Glendale AZ 85308
- Osborn NSI Infusion Clinic  
7242 E Osborn Road Ste 340, Scottsdale AZ 85251
- Pima Infusion Clinic  
8405 N Pima Center Parkway Ste 201, Scottsdale AZ 85258

## How to Refer:

- Fax the medication order form along with the selected infusion center form and all necessary documentation to central scheduling and call to set up patient information.
  - Central Scheduling Phone: (623) 434-6138
  - Central Scheduling Fax: (602) 331-5765