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 MEDRXINFUSION.COM

Date Medication Needed: _____

Ship to: Patient Prescriber Other: _____

Self injection teaching needed Prescriber's office will teach

Dermatology Referral Form

(Rheumatology forms may be useful)

This referral form is provided in order to best serve our patients and prescribers. Patients may choose any pharmacy of their choice.

Complete patient demographics below or otherwise provide the information requested along with this referral form. Also needed: 1) Patient insurance information (front and back of card) 2) History and physical, chart notes, laboratory results and other diagnostic tests needed to support the use of this medication 3) patient's medication history related to their current diagnosis/problem.

Patient name: _____ Date of birth: _____ height: _____ weight: _____

Address: _____ Allergies/Intolerances: _____

Phone number(s): _____ No known allergies: _____ Date of TB screening: _____

Treatment Diagnosis/Problem(s): _____ Failed Medication with reasons: _____

Prescriber name: _____ Contact person: _____

Office Address: _____

Phone number: _____ Fax number: _____ NPI number: _____

Prescription Information

Enbrel (etanercept) 25mg 50mg pfs sureclick pen vial, subcutaneously _____ times weekly 4 weeks supply for __ months

Humira (adalimumab) 40 mg pfs pen subcutaneously every 2 weeks or _____ 4 weeks supply for __ months

Humira Psoriasis starter pack pens for 80 mg day 0, then 40 mg day 8, then 40 mg in 2 weeks (the 40 mg q2wks) 4 weeks supply for __ months

Stelara (ustekinumab) 45 mg 90 mg pfs vial, subcutaneously Loading dose _____ week 0 and in 4 weeks,
 Then _____ mg once every 12 weeks (dose is weight based) 4 weeks supply for __ months

Dispense supplies necessary for administration and hazardous waste disposal.

Physicians Signature: _____ Date: _____

IMPORTANT NOTICE: This form may contain confidential and privileged information and is only intended only for the person named herein. If you are not the named addressee, do not disseminate, distribute or copy this form or any of its contents. Please notify the sender immediately if you have received this document by mistake, then destroy this form.