



**STELARA® (USTEKINUMAB) ORDER FORM**

(\* - Required Fields)

<input type="checkbox"/> New Referral	<input type="checkbox"/> Order Renewal	<input type="checkbox"/> Medication/Order Change
<input type="checkbox"/> Benefits Verification Only	<input type="checkbox"/> Discontinuation Order	

PATIENT INFORMATION			
NAME*:	DOB*:	SEX:	M      F
ADDRESS:		PHONE:	
WEIGHT:	LBS    KG	HEIGHT:	EMAIL:
ALLERGIES:			

PHYSICIAN INFORMATION			
PHYSICIAN NAME*:		PRACTICE NAME:	
ADDRESS:		OFFICE CONTACT*:	
PHONE:	FAX:	EMAIL (FOR UPDATES):	

<b>STELARA ORDER*:</b> <i>(SELECT FROM THE FOLLOWING)</i>	ICD-10*:
<input type="checkbox"/> Initial Dosing: Infusion to equal <input type="checkbox"/> 260 MG <input type="checkbox"/> 390 MG <input type="checkbox"/> 520 MG followed by subcutaneous 90mg dose 8 weeks after the initial intravenous dose, then every 8 weeks <i>(GI Indication)</i>	
<b>OR</b>	
<input type="checkbox"/> Dosing:      45MG      90MG vials SQ on week 0, 4, then every 12 weeks	
<b>OR</b>	
<input type="checkbox"/> Maintenance Dosing:      45MG      90MG vials SQ every 12 weeks	
Physician Signature* _____	Date* (Order is Valid for One Year) _____ <i>Infusion will be administered per MPP policy and protocols</i>

REQUIRED DIAGNOSIS:
<input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Plaque Psoriasis <input type="checkbox"/> Psoriatic Arthritis <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Other _____

REQUIRED DOCUMENTATION CHECKLIST:
<input type="checkbox"/> Patient Demographics <input type="checkbox"/> Insurance Card/Information <input type="checkbox"/> Clinical/Progress Notes supporting DX <input type="checkbox"/> Current Medication List and H&P <input type="checkbox"/> TB Results (w/in 6 months)-if positive, need negative chest Xray and negative TSpot
Last Infusion/Injection Date: _____

<b>STANDING LAB ORDERS:</b> <input type="checkbox"/> CMP <input type="checkbox"/> CBC <input type="checkbox"/> CRP <input type="checkbox"/> ESRP <input type="checkbox"/> HFR <input type="checkbox"/> UA <input type="checkbox"/> Labs to be drawn by Infusion Center      Frequency _____
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<b>NOTES/ADDITIONAL COMMENTS:</b>
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**Locations:**

-----Colorado-----

Lakewood

-----Florida-----

- Fort Myers Coming Soon
- Jacksonville
- Kissimmee Coming Soon
- Port St. Lucie
- Winter Park

-----Texas-----

- Arlington
- Cedar Hill
- Dallas
- Denton
- Ft. Worth Coming Soon
- Irving
- Rockwall
- Southlake
- Lewisville
- Plano
- Tyler