

Rheumatology Referral Form

Phone (888) 370.1724 Fax (877) 645.7514 10004 S. 152nd St, Suite A, Omaha NE 68138

Patient Informati											
Last Namo	ion										
ast Name		First Name			Home Phone			Work/Mobile Phone			
Home Address					City			State	ZIP		
Shipping Address (if different from above)						City			ZIP		
Social Security Number	Gender (M/F)	Weight [Date of Birth	Allergies							
Emergency Contact	Phone	<u> </u>		Primary Caregiver			Phone				
Healthcare Provi	der Informatio	n: *Indica	ates Req	uired Field							
Practice/Facility Name		Physician I	First and Last Nan	ne*		Phone*		Fax			
Address*					City*			State*	ZIP*	ZIP*	
Physician NPI#*	IN#		Physician DEA#	rsician DEA# Physician State			License #				
Nurse/Key Contact				Phone or Pager Number Email							
Insurance Inform	nation: PLEAS	SE FAX A C	COPY OF	INSURANCE	CARD	(FRONT	AND BACK	()			
Diagnosis: □ 714.0 Rhe	umatoid Arthritis	□ 696.0 Ps	oriatic Arthri	itis 🗖 720.0 Ank	kylosing Sp	ondylitis					
Other:				Date of Diag	gnosis or Ye	ears with Dis	ease:				
Hepatitis B test result: □ Pos Current/Prior Therapies:	0	test result: 🗆 Pos	sitive 🛭 Nega	ative Does patient have	e a latex allerg	gy? □ Yes □ N	o Is patient also	taking Methotrexa	te? □ Y	es 🗆 No	
Delivery Informat	tion										
Today's Date Delivery Da	ate Deliver to:	Ami									
1	□ Home □			initiate arrangement of injoe at patient's home 🚨 Ye		Special Instruction	ons				
Medication	□ Home □ Dose/Strer	Physician train		o initiate arrangement of inj ce at patient's home '\(\sigma\) Ye Sig		Special Instructio	ons		Qty.	Refills	
Medication ☐ Actemra®		Physician train	ning to take plac	ce at patient's home 🚨 Ye	es □ No OTHER wee		ons		Qty.	Refills	
	Dose/Strer	Physician trainingth II) Prefilled syringe	ning to take plac	se at patient's home	OTHER week	ek			2	Refills	
☐ Actemra®	Dose/Strer 162mg (0.9m Starter Dose: 200mg/ml Pr	Physician train ngth II) Prefilled syringe dilized powder to the control of the	ning to take place	Sig 162mg SC every C 162mg SC ONCE a Alternate Dosing:	OTHER week a week	ek			2 4 1 kit		
☐ Actemra®	Dose/Strer 162mg (0.9m Starter Dose: 200mg/ml Pr 200mg Lyoph Maintenance Dos 200mg/ml Pr	Physician train ngth II) Prefilled syringe sillized powder vecilik™ Autoin filled syringes i supplies included.	ning to take place inge vial vial njector	se at patient's home	OTHER week a week 4 weeks 2 weeks NCE a wee WICE a wee	eks 0, 2, an			2 4 1 kit 3 kits		
□ Actemra® □ Cimzia®	Starter Dose: 200mg/ml Pr 200mg Lyoph Maintenance Dos 200mg/ml Pr 200mg Lyoph 50mg/ml Sur 50mg/ml Prei 25mg Vial (inj	Physician train ngth II) Prefilled syringe sillized powder value felled syringe cillized powder value filled syringes is supplies incluing penilled syringes.	vial vial ujector uded)	se at patient's home	OTHER week a week 4 weeks 2 weeks NCE a wee wery OTHER	eks 0, 2, an			2 4 1 kit 3 kits I-week supply		
□ Actemra® □ Cimzia® □ Enbrel®	Dose/Strer 162mg (0.9m 162mg (0.9m 162mg (0.9m 162mg (0.9m 200mg/ml Pr 200mg Lyoph 200mg Lyoph 50mg/ml Sur 50mg/ml Prei 25mg Vial (inj 25mg /0.5ml	Physician trainingth II) Prefilled syringe illized powder versilled syringe illized powder versilled syringes in supplies inclu Prefilled syringe Pen Prefilled syringe	ning to take place inge vial vial njector uded) ge	se at patient's home	DTHER week a week 1 weeks 2 weeks NCE a wee wery OTHER NCE a wee	eks 0, 2, an k ek R week k	d 4	2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2 4 1 kit 3 kits I-week supply		
☐ Actemra® ☐ Cimzia® ☐ Enbrel® ☐ Humira®	Dose/Strei 162mg (0.9m 162mg (0.9m 162mg (0.9m 162mg (0.9m 200mg/ml Pr 200mg Lyoph Maintenance Dos 200mg/ml Pr 200mg Lyoph 50mg/ml Sur 50mg/ml Prei 25mg Vial (inj 25mg /0.5ml 40mg/0.8ml	Physician train ngth II) Prefilled syringe defilled syringe defilled syringe defilled syringe defilled syringe defilled syringes in supplies incluprefilled syringes in supplies incluprefilled syringes in the prefilled syringe defilled syringe defined	vial vial pjector uded) ge	sig 162mg SC every Cool 162mg SC ONCE and Alternate Dosing: 101 162mg SC ONCE and Alternate Dosing: 102 162mg SC ONCE and Alternate Dosing: 103 162mg SC every 202 162mg SC every 202 162mg SC every 202 162mg SC ONCE Alternate Dosing: 103 162mg SC ONCE Alternate Dosing: 104 162mg SC ONCE Alternate Dosing: 105 162mg SC ONCE Alternate Dosing: 105 162mg SC ONCE Alternate Dosing: 105 162mg SC ONCE Alternate Dosing: 106 162mg SC ONCE Alternate Dosing: 107 162mg SC ONCE Alternate Dosing: 108 162mg SC ONCE Alternate Dosing: 108 162mg SC ONCE Alternate Dosing: 109 162mg SC ONCE Alternate Dosing: 109 162mg SC ONCE Alternate Dosing: 109 162mg SC ONCE Alternate Dosing: 100 162mg SC ONCE Alternate Dosing: 105 162mg SC	OTHER week a week 4 weeks 2 weeks NCE a wee WICE a wee wery OTHER NCE a wee mg/kg IV x urs of IV d	eks 0, 2, an k ek R week k	d 4	2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2 4 1 kit 3 kits 1-week supply 1-week supply		
☐ Actemra® ☐ Cimzia® ☐ Enbrel® ☐ Humira®	Starter Dose: 162mg (0.9m) Starter Dose: 200mg/ml Pr 200mg Lyoph Maintenance Dos 200mg/ml Pr 200mg Lyoph 50mg/ml Sur 50mg/ml Pret 25mg Vial (inj 25mg /0.5ml 40mg/0.8ml	Physician trainingth II) Prefilled syringe silized powder was ceclick™ Autoin filled syringes in supplies incluprefilled syringe. Pen Prefilled syringe. V use only) refilled syringe. Autoin filled syringe. Autoinjector	ning to take place inge vial vial njector uded) ge	sig 162mg SC every C 162mg SC overy C 162mg SC ONCE a Alternate Dosing: Initial dose of 400m 400mg SC every 2 200mg SC every 2 Inject 50mg SQ OI Inject 50mg SQ OI Alternate Dosing: Inject 40mg SC every 12 Inject 40mg SC oi Alternate Dosing: Loading Dose: 10mg Start within 24 homes	DTHER weeka weeks 1 weeks 2 weeks NCE a weeks WICE a weeks MCE a weeks MCE a weeks MCE a weeks Autoinjec	eks 0, 2, an k ek R week k 1 dose, therose	n 125mg SC we	2 3 4 5 5 5 6 kly, 2 4 5 5 6 kly, 2 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	2 4 1 kit 3 kits I-week supply I-week supply dose I-week		
□ Actemra® □ Cimzia® □ Enbrel® □ Humira® □ Orencia®	Dose/Strei 162mg (0.9m 162mg (0.9m 162mg (0.9m 162mg (0.9m 162mg (0.9m 162mg (0.9m 162mg Lyoph 162mg Lyoph 162mg Lyoph 162mg Lyoph 162mg Lyoph 162mg Vial (inj 162m	Physician trainingth II) Prefilled syringe silized powder was ceclick™ Autoin filled syringes in supplies incluprefilled syringe. Pen Prefilled syringe. V use only) refilled syringe. Autoin filled syringe. Autoinjector	vial vial pjector ge	sig 162mg SC every Cool 162mg SC ONCE and Alternate Dosing: 101 162mg SC ONCE and Alternate Dosing: 102 162mg SC every 202 102 103 103 103 103 103 103 103 103 103 103	OTHER week a week 4 weeks 2 weeks NCE a wee WICE a wee WICE a wee wry OTHER NCE a wee a week The property of IV do a week Autoinject The profilled so	eks 0, 2, an k ek R week k 1 dose, therose	n 125mg SC we	2 3 4 5 5 5 6 kly, 2 4 5 5 6 kly, 2 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	2 4 1 kit 3 kits 1-week supply 1-week supply 1-week supply 1-week supply		