PRESCRIPTION ORDER FORM

STELARA

(ustekinumab)



215 Pleasant Street, 5th Floor, Fall River, MA 02721 Phone: (508) 567-5666 | Fax: (508) 567-5614

K50.019 Crohn's disease of large intestine with unsp comp (CD)	PATIENT DEMOGRAPHICS	
Allergies: See List \ NKDA \ State, \ Zip: \ Weight: \ State, \ State, \ Zip: \ Weight: \ State, \ State, \ State, \ Zip: \ Weight: \ State, \ Stat	Patient Name:	Patient's Phone Number:
REQUIRED DOCUMENTATION	Date of Birth:	Address:
REQUIRED DOCUMENTATION Insurance Card	Allergies: See List □ NKDA □	City, State, Zip:
• Insurance Card ◆ H&P ◆ Patient Dem ◆ Most Recent Labs• Med List ◆ HBV/HCV ◆ Tried/Failed Therapies ◆ Neg TB Results PRIMARY DIAGNOSIS K50.00 Crohn's disease of small intestine without complications (CD) K50.19 Crohn's disease of small intestine without complications (CD) L40.5 Psoriatic Arthritis (PsA) K50.10 Crohn's disease of large intestine without complications (CD) L40.9 Plaque Psoriasis (Ps) Other: PRE-MEDICATIONS (15 - 20 MINS BEFORE INFUSION) Diphenhydramine 25mg PO or IVP & Somg PO or IVP Cetrizine 10mg PO Pepcid 20mg PO or IVP Solu-Medrol 40mg IVP Solu-Cortef 125mg IVP Tylenol 65mg PO Other: PRIMARY MEDICATION ORDER Other: Maintenance Doses (Diaduction Doses (to be administered in infusion clinic): Maintenance Doses (Diaduction Dose) Diaduction Doses (Diaduction Dose	Weight:kg	Patient's Email:
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K50.019 Crohn's disease of small intestine with unsp comp (CD)	PRIMARY DIAGNOSIS	
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