Email: intake@infuseone.com | Phone: 1-800-581-0645 |
Please refer to website www.infuseone.com for location specific fax numbers

Gastroenterology Referral Form

Please Attach Copy of Insurance Cards (Front & Back)

Last Name:	First Name:	DOB:	Practice:
Address:			Address:
City:	State: Zip:	Sex: M F	City: State: Zip:
Phone:	SSN#		Prescriber Name:

Insurance Information

		Prescriber NPI:
Insurance Plan:	Insurance Plan:	Nurse/Key Contact:
Policy #	Policy #	Phone:
Plan I.D. #	Plan I.D. #	Fax: Email:

Diagnosis & Clinical Information

Please Attach Clinical/Progress Notes, Labs, Test, Supporting Primary Diagnosis

☐ Crohn's Disease Diagnosis code: ____________

☐ Ulcerative Colitis Diagnosis code: ____________

☐ Other: ______________________________________

Currently received and/or prior filed therapies: ____________________
____

Length of treatment: ______________________________

Reason for discontinuation: ________________________

TB/PPD Test: ☐ Positive ☐ Negative Date:____________

Allergies: ______________________________________
____
____

☐ NKDA

Height:________ Weight: ________

Site of Care: ☐ Home ☐ AIC ☐ Other:____________

Prescription Information

Medication	Dose/Strength	Directions	Refills
☐ Entyvio (vedolizumab)	☐ 300mg vial	☐ INITIAL: Infuse 300mg IV at week 0, 2, 6, then every 8 weeks thereafter ☐ MAINTENANCE: Infuse 300mg IV every ________ weeks	
☐ Inflectra (infliximab) ☐ Remicade ☐ Renflexis	☐ 100mg vial	☐ INITIAL: Infuse________ mg/kg IV at week 0, 2, 6, then every 8 weeks thereafter ☐ MAINTENANCE: Infuse ______ mg/kg IV every ________ weeks ☐ Other ______________________________ ☐ Pharmacist will round to the nearest 100mg ☐ Give exact dose (do NOT round)	
☐ Stelara (ustekinumab)	☐ 130 mg / 26ml vial ☐ 90mg (2x 45mg vials)	☐ INITIAL: Weight based dosing, infuse IV ☐ 55kg or less: 260mg (2 vials) ☐ 55kg to 85kg: 390mg (3 vials) ☐ Greater than 85kg: 520 mg (4 vials) ☐ MAINTENANCE: Inject 90mg SQ 8 weeks after initial dose, then every 8 weeks thereafter	
☐ Skyrizi (risankizumab)	☐ 600mg / 10 ml vial	☐ INITIAL: Infuse 600mg/10mL IV at week 0, 4, and 8 ☐ MAINTENANCE: Inject 360mg/2.4ml SQ via injector at week 12, then every 8 weeks thereafter	

Pre-medication & other medications
* Infusion supplies as per protocol
* Anaphylaxis kit as per protocol

☐ Acetaminophen mg PO prior to infusion
☐ Diphenhydramine mg ☐ PO ☐ IV
☐ 250ml 0.9%NaCl for hydration
☐ Other

Flush Protocol
* NaCl 0.9% 10ml
* Before & after infusion

I authorize Infuse one and its representatives to initiate any insurance prior authorization process that is required for this prescription and for any future refills of the same prescription for the patient listed above which I order. I understand that I can revoke this designation at any time by providing written notice to Infuse One

Physician Signature: ______________________________

Date: ______________________________

PRESCRIBER MUST MANUALLY SIGN - STAMP SIGNATURE, SIGNATURE BY OTHER PERSONNEL AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED

The attached document(s) contain confidential information which may be considered to be Protected Health Information and therefore required to be maintained as private and secure under HIPAA. The documents may also contain information which is otherwise considered to be privileged under state and federal laws. This communication is for the intended recipient only. If you are not the intended recipient, or a person responsible for delivering this communication to the intended recipient, you are prohibited from viewing, copying and/or distributing the information contained herein. Unlawful disclosure of the information attached may subject you to monetary penalties and sanctions. If you have received this communication in error, you should notify the sender immediately and thereafter permanently destroy all copies of this document in its entirety.

This form is not considered an order or prescription for medical services and/or supplies unless and until it is formally authorized by a healthcare provider in compliance with applicable laws and regulations.