



WWW.PRECISIONHC.COM

Phone: 615.367.1444 FAX: 888.615.1445

- New Referral
 Restart
 Medication/ Order Change (New Order Required)
 Benefits Verification Only
 Refill / Renewal

Precision Healthcare can accept only original prescription drug orders from patients, and faxed prescriptions from the prescribing practitioners.

PATIENT INFORMATION

PHYSICIAN INFORMATION

Name: _____
 DOB: _____ SS# _____
 Phone # _____
 Email: _____

Referring Physician: _____
 Practice Address: _____
 Office Contact: _____
 Contact Phone #: _____ Contact Fax #: _____
 NPI / TIN: _____

Crohn's or Ulcerative Colitis STELARA ORDERS

Patient Weight (kg): _____ Initial IV infusion x 1 dose only. Strength: 260mg 390mg 520mg

- PREMEDS: Diphenhydramine 25mg PO 50mg PO 25mg IV 50mg IV
 Acetaminophen PO 325mg 650mg

Maintenance SubQ doses: Inject 90mg SQ every 8 (eight) weeks

Plaque Psoriasis or Psoriatic Arthritis STELARA ORDERS

Patient Weight (kg): _____ SubQ injection strength: 45mg 90mg
 SubQ injection Frequency: Induction dose: Week 0 & 4 Maintenance dose: Every 12 weeks

INDICATION/DIAGNOSIS (required)

*ICD-10 Code/Description _____
 *ICD-10 Code/Description _____

Refill x 1 year for SubQ doses (unless otherwise specified)

May use Precision Allergy Reaction Protocol

LAB ORDERS - PRECISION NURSING TO DRAW (please specify)

Orders _____ Frequency _____

NOTES (ADDITIONAL INFO)

 Referring Physician's Signature

 Date

REQUIRED DOCUMENTATION

- Recent Office notes (along with any therapies tried and outcomes)
 Current Medication List
 History and Physical Report
 Lab Results
 Insurance Cards (front and back)
 Demographic Sheet
 Allergies

ATTACH REQUIRED LAB RESULTS (For New Referrals Only)

- TB test results OR Please have Precision do TB skin test or QFG (Precision may proceed with infusion or SQ injection prior to results)
 Chest X-ray (if indicated)
 Comprehensive Metabolic Panel, CBC with differential w/in past 3 months

APPOINTMENT DATE AND TIME: _____