ST.JUDE
SPECIALTY PHARMACY
& MEDICAL SUPPLIES

CROHN'S & ULCERATIVE COLITIS REFERRAL FORM

121 St. Nicholas Ave Brooklyn, NY 11237
TEL: 718-381-5116 FAX: 718-417-3621
Proudly serving over 30 years

Today's Date

☐ NEW PATIENT ☐ CURRENT PATIENT

Patient Name First Name Middle Name Last Name DOB Weight ☐ Male ☐ Female

Street Address Apt # City State Zip

Daytime Tel Evening Tel Cell Email

Ship to Patient at ☐ Home ☐ Work **OR** Patient will pick up at ☐ Physician Office ☐ Pharmacy Date Needed

Diagnosis: Crohn's Disease ☐ 555.0 ☐ 555.1 ☐ 555.2 ☐ 555.9 Ulcerative Colitis ☐ 556.0 ☐ 556.1 ☐ 556.2 ☐ 556.9

TB/PPD Test given? ☐ Yes ☐ No Chest X-Ray ☐ Yes ☐ No Results

Insured's Name Relation to Patient Eligible for Medicare ☐ Yes ☐ No If yes, Medicare#

Prescription Card ☐ Yes ☐ No If Yes, Carrier Tel Fax Policy/Group#

Bin# Pcn# RXID# RX Group#

Prescriber's Name Email

Street Address Suite # City State Zip Tel Fax

License# NPI#

UPIN# DEA#

PRESCRIPTION

PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

PRIOR | CURRENT TREATMENTS

☐ Azathioprine ☐ Corticosteroids
☐ 5-ASA ☐ 6-MP ☐ NSAIDS
☐ Methotrexate ☐ Sulfasalazine
☐ Other
Dose | Duration

SIMPONI® (golimumab) ☐ SmartJect™ ☐ Prefilled Syringe

☐ **STARTER** 200mg SC at week 0, then
100mg SC at week 2 **QTY:** 3 (100 mg/mL)
MAINTENANCE
☐ 100mg SC every 4 weeks **QTY:** 1 (100 mg/mL)
☐ Other Refill X

HUMIRA

☐ **STARTER** Day 1: Inject 160mg (4 pens) SQ.
Day 15: Inject 80mg (2 pens) SQ.
Day 29: maintenance
☐ **MAINTENANCE** Inject (1 Pen) 40mg/0.8ml every other week
☐ Other
QUANTITY 4 week supply Refill X

CIMZIA

☐ **STARTER** 400mg SQ initially and at week 2 & 4
☐ **MAINTENANCE** 400 mg SQ every 4 weeks
QUANTITY 4 week supply Refill X

REMICADE 100 mg vial

☐ MD Office Infusion
Infusion supplies needed ☐ YES ☐ NO
☐ **STARTING DOSE:**
5 mg/kg ____mg on week 0,
week 2 & week 6 then,
☐ **MAINTENANCE DOSE:**
5 mg/kg _____ mg every 8 weeks for
____ infusions every 8 weeks
☐ Other
QTY _____ Refills _____

Prescriber's Signature (signature required. NO STAMPS) **Date**