Phone: (865) 862 - 4557 www.heartlandinfusion.com Fax: (865) 862 – 4556 Alt. Fax: (865) 867 - 7081

Stelara Order Form

Please fax completed form with patient demographic information, front and back of insurance card (s), recent lab results, and recent office visit notes supporting diagnosis to (865) 862-4556.

Referral Status: ☐ New referral ☐ Dose or frequency change ☐ Order Renewal

PATIENT INFORMATION

Name:

Home Phone: Cell Phone:

Email: Last four Social Security number

DOB: Height: Weight:

Allergies:

ICD-10 Diagnosis Code: Years with Disease:

TB Test (Circle One): Skin Quantiferon Chest Xray Result: Date:

LABORATORY ORDERS

☐ CBC w/ Diff	☐ each infusion	☐ Other	____________
☐ CRP	☐ each infusion	☐ Other	____________
☐ CMP	☐ each infusion	☐ Other	____________
☐ ESR	☐ each infusion	☐ Other	____________
☐ Hepatic Panel	☐ each infusion	☐ Other	____________
☐ Renal Panel	☐ each infusion	☐ Other	____________
☐ Quantiferon TB (annually)		Due:	____________
☐ Other			

Therapy Orders

☐ IV: Administer ☐ 260mg ☐ 390mg ☐ 520mg Stelara (ustekinumab) IV **THEN** 8 weeks later administer 90 mg SQ every 8 weeks

☐ Administer 90 mg SQ every eight weeks **OR** ____________________

☐Administer ☐ 0.75 mg/kg ☐ 45mg ☐ 90mg Stelara (ustekinumab) SQ at weeks 0 and 4, then every 12 weeks **THEN**

☐Administer ☐ 0.75 mg/kg ☐ 45mg ☐ 90mg Stelara (ustekinumab) SQ every 12 weeks **OR**

(specify): ____________________

☐ Nursing per Heartland Nursing Procedures (incl reaction management)

☐ Pre-Medications ☐ No routine pre-medications required

☐ Tylenol (acetaminophen) _________ mg PO ☐ Zyrtec (cetirizine) 10 mg PO

☐ Solu-Medrol (methylprednisolone) _________mg IV ☐ Claritin (loratadine) 10 mg PO

☐ Benadryl (diphenhydramine) _________mg ☐ PO ☐ IV

☐ Other: ____________________

PHYSICIAN INFORMATION

Physician's Name:

License #: NPI#: DEA#:

Address:

City: State: Zip:

Office Contact: Email:

Office Phone: Office Fax:

Physician Signature: ____________________ Date: ____________

Patient is being referred to: ☐ Knoxville ☐ Morristown ☐ Kingsport