

Crohn's / GI / UC Prescription Referral Form



www.pyramidspharmacy.com

All our referral forms available on our website.

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Toll Free Fax: (877) 866-9578

500 Kobayashi Rd ste E
Webster, TX ,77598
Toll Free Phone: (855) 339-1931
Toll Free Fax: (855) 339-1930

Date Medication Needed: _____ Ship To: Patient's Home Prescriber's Office Pick-up (store location): _____ Injection training by pharmacy?

1: Patient Information

Patient Name: _____ Birthdate: _____ Sex: Male Female Height: _____ Weight: _____ lbs. kg.
 Soc. Sec. #: _____ Preferred Phone: _____ Known Allergies: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Alternate Caregiver Name: _____ Preferred Phone: _____

Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)

2: Prescriber Information

DEA#: _____ NPI#: _____ Tax ID#: _____
 Address: _____ Phone: (_____) _____ - _____ Fax: (_____) _____ - _____
 City: _____ State: _____ Zip: _____ Key Contact: _____ Phone: (_____) _____ - _____

3: Diagnosis/Clinical Information | Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization

Diagnosis: _____ ICD-9: _____

4: Prescription Information

Medication	Dose/Strength	Sig	Qty.	Refills
Cimzia®	Prefilled Syringes (2x200mg) (or) Lyophilized vials (2 x 200mg)	Induction Dose: Inject 400mg SC at weeks 0, 2, and 4 Maintenance Dose: 400mg SC every 4 weeks	_____	_____
Humira® <i>Injection training from My Humira (patient must sign below)</i>	20mg Pen 20mg Prefilled Syringe 40mg Pen 40mg Prefilled Syringe Starter Pack	Induction Dose: Inject 160mg SC (four 40mg Pens) for first Dose (Day 1). Then Inject 80mg SC (two 40mg Pen) two weeks after first dose (Day 15). Then inject 40mg SC every OTHER week starting at week 4 (Day 29) Maintenance Dose: Inject 40mg SC (one 40mg Pen) every other week	_____	_____
Xifaxan®	200mg tabs 550mg tabs	Take _____ tablets _____ times per day	_____	_____
Remicade®	100mg vial		_____	_____
Simponi®	100mg SmartJect® 100mg Pre-filled Syringe	Induction Dose: Inject 200mg SC at week 0, then 100mg SC at week 2, then start maintenance at week 6 Maintenance Dose: 100mg SC every 4 weeks starting at week 6, after Induction dose	3 1	_____

Patient Support Programs: Please sign and date below to enroll in the pharmaceutical company assisted patient support program

Patient Signature: _____ Date: _____

Prescriber Signature: Prescriber, please sign and date below

_____ Date _____ Substitution Permissible _____ Date _____