

# ILUMYA



Phone: 386-957-9600

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## (Tildrakizumab) Injection Order

### PATIENT INFORMATION:

Patient Name: \_\_\_\_\_ Weight: \_\_\_\_\_ ☐ Male ☐ Female

DOB: \_\_\_\_\_ Phone number: \_\_\_\_\_

☐ NKDA ☐ allergic to \_\_\_\_\_

### DIAGNOSIS:

#### Fill in IDC-10 Code with diagnosis

☐ Plaque Psoriasis

☐ Other \_\_\_\_\_

### REQUIRED TESTING/LABS

☐ Clinical/progress notes, labs, tests supporting primary diagnosis attached ☐ recent labs: CBC, BMP, CMP w/o DIF, other labs that support diagnosis

### ILUMYA DOSING & FREQUENCY:

☐ Loading dose #1- 100 mg day 0

☐ Loading dose #2 - 100 mg week 4

☐ maintenance dose #1- 100 mg

☐ continue maintenance dose of 100 mg every 12 weeks

Other instructions/notes: \_\_\_\_\_

### ORDERING PROVIDER:

Name: \_\_\_\_\_ NPI \_\_\_\_\_

Phone: \_\_\_\_\_ fax: \_\_\_\_\_ Practice

Address: \_\_\_\_\_ City:

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_