CIVIC INFUSION

(tildrakizumab)

FAX: 203-724-4838

249 Danbury Road, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

127 Washington Ave, North Haven, CT 06473

ILUMYA injection orders

Patient Name _____ DOB _____

Phone _____ M F

DIAGNOSIS *Please provide ICD-10 code*

- ☐ _____ Plaque Psoriasis
- ☐ _____ Psoriasis Vulgaris
- ☐ _____ Psoriasis Unspecified

PRE-TESTS

☐ _____ TB/ QuantiFERON Test Date

_____ QuantiFERON Test Results

Please fax patient's clinical notes, TB test results, and demographics with this completed form.

ILUMYA ORDERS

DOSAGE

100mg SQ - Dose at 0, 4, then every 12 weeks

OR

100 mg SQ - Maintenance Dose every 12 weeks

PATIENT WEIGHT

_____ lbs.

_____ kg

HEIGHT _____ ft _____ in

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____

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