



# Remicade Crohn's and Ulcerative Colitis Referral

BIOMED Pharmaceuticals

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San Antonio, TX 78207

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Parent or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
 Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Emergency Contact Phone # \_\_\_\_\_ Primary Language \_\_\_\_\_

|   |   |
|---|---|
| Primary Insurance: _____<br>Phone #: _____<br>Subscriber: _____ DOB: _____<br>ID#: _____ Policy/Group #: _____<br>Employer: _____ | Secondary Insurance: _____<br>Phone #: _____<br>Subscriber: _____ DOB: _____<br>ID#: _____ Policy/Group #: _____<br>Employer: _____ |
|---|---|

Prescription Drug Card: Name \_\_\_\_\_ Group# \_\_\_\_\_ ID# \_\_\_\_\_

**Diagnosis:**  
 555.0 Regional Enteritis  
 555.1 Regional Enteritis large intestine  
 555.2 Regional Enteritis small and large intestine  
 555.9 Regional Enteritis, unspecified site  
 565.1 Anal fistula  
 569.81 Intestinal fistula, excluding rectum and anus  
 556.2 Ulcerative Colitis

Other: \_\_\_\_\_  
 Complicating Factors: \_\_\_\_\_  
 Is the Patient Currently on any medications? \_\_\_yes \_\_\_no  
 List medications: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_ Patient Weight: \_\_\_\_\_

**Prescription:**  
 \_\_\_\_\_ Remicade mg/kg or \_\_\_\_\_ Remicade mg  
 (IV titrate per protocol over 2-3 hours) Infuse Remicade in 250 ml 0.9% NS using non-PVC tubing and 1.2 micron filter via PIV.

**Premedication Orders:**  
 Benedryl 25 / 50 mg PO / IV Tylenol \_\_\_\_\_ mg PO  
 Solu-medrol \_\_\_\_\_ mg IV

\_\_\_\_ PPD Test Prior to infusion  
 \_\_\_\_ Anaphylaxis Kit per protocol  
 \_\_\_\_ Sterile water for injection and related supplies  
 \_\_\_\_ 5-10 ml 0.9% NS for flush as needed

Repeat Remicade: \_\_\_\_\_ 0,2,& 6 wks  
 Or Other (please indicate) \_\_\_\_\_

Other: \_\_\_\_\_  
 \*Anaphylaxis order:  
 Benadryl 50 mg/IV 25 mg/min (dose 1-2 mg/kg-max 300 mg); Solumedrol 125 mg IV (dose 4-8 mg/kg max 400 mg); Epinephrine 1:1000 (1 mg/ml) 0.3 ml IM or SQ (0.01 ml/kg/dose max 0.3 ml) may repeat 5-10 min.

**Physician Certification:** \_\_\_\_\_ TPI # \_\_\_\_\_ UPIN# \_\_\_\_\_ Tax ID# \_\_\_\_\_ NPI# \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name: \_\_\_\_\_ DEA # \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ **Thank you for your referral.**