Arthritis, Rheumatic, & Bone Disease Associates
An Affiliate of Trabecular Medical Group

IDYLLIC
infusion treatment center

Omvoh Request Form

2301 Evesham Road, Building 800, Suite 115
Voorhees, New Jersey 08043
T. (866)497-0905
F.(609)228-9798 attn: Idyllic Infusion Coordinator

DATE:	
REFERRING PROVIDER INFORMATION	
Requesting Provider Name and NPI Tax ID#	**Name: NPI: Tax ID#**
Fax Number	
Practice Contact (Name/Phone number)	
Contact Email	
We will gladly remind your patient to schedule routine follow-up visits with your office. **Return to Referring Provider (frequency): EVERY_____ WKS / MOS**	
PATIENT INFORMATION	
Patient Name	
Date of Birth	/ /
Height in ft/in: Weight in lbs:	
Insurance(s): include copies of front and back	
Preferred Treatment Location	☐ Voorhees ☐ Moorestown ☐ Wall/Manasquan ☐ Sewell ☐ Hamilton ☐ Galloway
Primary Care Physician (Name / Phone Number)	PCP Name: PCP Phone Number:

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Name (last, first) _____DOB: _____

Diagnosis:

☐K51.00 - Ulcerative Colitius, Ulcerative (Chronic) Pancolitis without complications
☐K51.01 - Ulcerative Colitius, Ulcerative (Chronic) Pancolitis with complications
☐K51.011 - Ulcerative Colitius, Ulcerative (Chronic) Pancolitis with rectal bleeding
☐K51.018 - Ulcerative Colitius, Ulcerative (Chronic) Pancolitis with other complication
☐K51.019 -Ulcerative Colitius, Ulcerative (Chronic) Pancolitis with unspecified complications
☐K51.30 - Ulcerative Colitius, Ulcerative (Chronic) Proctosigmoiditis without complications
☐K51.31 - Ulcerative Colitius, Ulcerative (Chronic) Proctosigmoiditis with complications
☐K51.311 - Ulcerative Colitius, Ulcerative (Chronic) Proctosigmoiditiswith rectal bleeding
☐K51.318 - Ulcerative Colitius, Ulcerative (Chronic) Proctosigmoiditis with other complication
☐K51.319 - Ulcerative Colitius, Ulcerative (Chronic) Proctosigmoiditis with unspecified complications
☐K51.50 - Ulcerative Colitius, Left Sided Colitis without complications
☐K51.51 - Ulcerative Colitius, Left Sided Colitis with complications
☐K51.511 - Ulcerative Colitius, Left Sided Colitiswith rectal bleeding
☐K51.518 - Ulcerative Colitius, Left Sided Colitis with other complication
☐K51.519 - Ulcerative Colitius, Left Sided Colitis with unspecified complications
☐K51.80 - Ulcerative Colitius, Other Ulcerative Colitis without complications
☐K51.81 - Ulcerative Colitius, Other Ulcerative Colitis with complications
☐K51.811 - Ulcerative Colitius, Other Ulcerative Colitis with rectal bleeding
☐K51.818 - Ulcerative Colitius, Other Ulcerative Colitis with other complication
☐K51.819 - Ulcerative Colitius, Other Ulcerative Colitis with unspecified complications
☐K51.90 - Ulcerative Colitius, Ulcerative Colitis, unspecified
☐K51.91 - Ulcerative Colitius, Ulcerative Colitis, unspecified without complications
☐K51.911 - Ulcerative Colitius, Ulcerative Colitis, unspecified with complications
☐K51.918 - Ulcerative Colitius, Ulcerative Colitis, unspecified with rectal bleeding
☐K51.919 - Ulcerative Colitius, Ulcerative Colitis, unspecified with other complication

Please answer all questions and provide supporting documentation.

- Please supply progress Notes, Medication List, and H&P Liver Function Tests/Bilirubin TB Results within 6 months
- Is this the first dose? ☐ Yes ☐ No
    - If No, what was the date of last infusion: _____
- Negative TB test, bilirubin, LFTs, and immunization records **may** be required as part of the PA criteria

For all patients:

- OUR OFFICE WILL PROVIDE & DISPENSE ALL REQUIRED MEDICATIONS
- Does the patient have a history of anaphylaxis? _____
- Is this patient ambulatory ?
    - If no, is a wheelchair required _____
- Please include a copy of a prescription. Prescription should include standard information as well as specific instructions if loading doses of desired RX is required. ** NOTE ** Please do NOT provide a prescription to the patient as they may become confused and attempt to fill at their local/specialty pharmacy.
- *Our office will obtain all necessary prior authorizations required and any copay assistance if qualified.*
- Please notify your patient that our office will contact them when we are ready to schedule. They do NOT need to call our office to set up an appointment.
- Please notify our office if medication will be discontinued.

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Ordering Provider

Signature _____