

ALL OF THE FOLLOWING INFORMATION IS REQUIRED

Primary DX Code?

- K50.0 Crohn's disease of small intestine
- K50.1 Crohn's disease of large intestine
- K50.8 Crohn's disease of both small and large intestine
- K50.9 Crohn's disease unspecified

PLEASE SEND DOCUMENTATION, CHART NOTES AND RESULTS TO SUPPORT BELOW ANSWER

- Does the patient have active moderate-to-severe Crohn's Disease?

- Which conventional agent(s) has the patient tried (and for how long) without effective response? -----
- Which conventional agent(s) has the patient demonstrated an intolerance to(specify reaction)?-----
- Which conventional agent(s)are contraindicated? (specify contraindication)? -----
- Does the patient have enterocutaneous (perianal or abdominal) or rectovaginal fistulas? _____ If yes, attach details
- Has the patient had ileocolonic resection to reduce the change of CD recurrence? _____ If yes, attach details
- Has the patient tried any other biologic immunomodulator?
----- If yes, attach details.
- Copy of medication prescription. 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.
- Copy of Primary and Secondary Medical/Pharmacy Insurance Cards (Please enclose both FRONT & BACK)
- Is this patient ambulatory Yes / NO
 - Is a wheelchair required Yes / NO

PLEASE NOTE:

- *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*
- *OUR OFFICE WILL PROVIDE & DISPENSE ALL REQUIRED MEDICATIONS*
- *Our office will obtain all necessary prior authorizations required and any copy assistance if qualified.*
- *Please contact our office if medication will be discontinued.*