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

IDYLLIC
infusion treatment center

Tremfya 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

Is this a Continuation of Care or a new start to the medication?

❒ Continuation of Care (Provide documentation of last administration) ❒ New Rx

DATE:	
REFERRING PROVIDER INFORMATION	
Requesting Provider Name and NPI **Tax ID#**	**Name:** **NPI:** **Tax ID#**
Fax Number	
Practice Contact (Name/Phone number)	
Email of Contact	
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 ❒ Brick ❒ Sewell ❒ Hamilton ❒ Galloway ❒ Haddon Heights

Primary Care Physician (Name / Phone Number)	PCP Name: PCP Phone Number:

The referring provider is the primary provider responsible for medication management, labs, scripts, and the patient's treatment plan.

Diagnosis:

- ❑ K51.00 Ulcerative(chronic)pancolitis w/o complications
- ❑ K51.01 Ulcerative(chronic)pancolitis with complications
- ❑ K51.20 Ulcerative(chronic)proctitis w/o complications
- ❑ K51.21 Ulcerative(chronic)proctitis with complications
- ❑ K51.30 Ulcerative(chronic)rectosigmoiditis w/o complications
- ❑ K51.31 Ulcerative(chronic)rectosigmoiditis with complications
- ❑ K51.50 Left sided colitis w/o complications
- ❑ K51.51 Left sided colitis with complications
- ❑ K51.80 Other ulcerative colitis w/o complications
- ❑ K51.81 Other ulcerative colitis with complications
- ❑ K51.90 Ulcerative colitis, unspecified, w/o complications
- ❑ K51.19 Ulcerative colitis, unspecified, with complications

Please include:

❒ Recent labs to include QuantiFERON, and if available, CBC, CMP
❒ All supporting clinical documentation
❒ Copy of RX

- 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 PROVIDE & DISPENSE ALL REQUIRED MEDICATIONS*

NOTE:

- 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 the medication is discontinued.

❒ Patient has been educated by the ordering provider on medication.

Ordering Provider Signature: _____
Ordering Provider Date: _____