CureStat Rx
Home Infusion and Specialty Pharmacy

DERMATOLOGY(A-G) REFERRAL FORM

Phone: (888)963-6544 Fax: (858)281-0045

PATIENT INFORMATION ☐ Deliver Here

Patient Name: _____
DOB: _____ Gender: ☐ Male ☐ Female
Address: _____
City_____ State_____ Zip: _____
Primary Phone: _____ SSN: _____
Caregiver Name: _____
Alternate Phone: _____

PRESCRIBER INFORMATION ☐ Deliver Here

Prescriber Name: _____
State License #: _____ DEA #: _____
NPI #: _____
Address: _____
City_____ State_____ Zip: _____
Phone: _____ Fax: _____
Contact Person: _____ Phone: _____

Please fax a copy of front and back of the insurance card(s).

Clinical Information

Diagnosis: ☐L20. ____ (Atopic Dermatitis) ☐ L40.0 (Psoriasis vulgaris/Plaque Psoriasis/Nummular Psoriasis) ☐L40.8 (Other psoriasis)
☐L40.9 (Psoriasis, unspecified) ☐L40.5____ (Psoriatic arthritis) ☐L73.2 (Hidradenitis Suppurativa)
☐ Other (ICD 10 code and description): _____ Wt: _____ ☐ Kg ☐ lbs Ht: _____ ☐ cm ☐ in
Diagnosis Date: _____ TB/PPD test: ☐ Positive ☐ Negative HBV: ☐Yes ☐No If yes, currently treated: ☐Yes ☐No
Prior Therapy: ☐ Yes ☐ No _____
Reason for Discontinuation of therapy: _____
Start Date: __ __/__ __/__ __ __ __ End Date: __ __/__ __/__ __ __ __
Allergies: ☐ NKDA ☐ Other: _____
Comorbidities: _____
Concomitant Medications: _____

Drug	Dose/Strength	Directions	Qty	Refills
☐ **CIMZIA** (certolizumab)	☐ 200 mg/mL Prefilled Syringe ☐ 200mg Vial	☐ Loading Dose: Inject 400mg SC at week 0, week 2 and week 4 ☐ Maintenance Dose: Inject 200mg SC every 2 weeks ☐ Maintenance Dose: Inject 400mg SC every 4 weeks		
☐ **COSENTYX** (secukinumab)	☐ 150mg/mL Sensoready Pen ☐ 150mg/mL prefilled syringe ☐ 150mg vial	**Plaque Psoriasis** ☐ Loading dose: Inject 300mg SC at Weeks 0, 1, 2, 3, and 4 ☐ Maintenance dose: Inject 300mg SC every 4 weeks **Psoriatic Arthritis** ☐ Loading Dose: Inject 150mg SC at weeks 0, 1, 2, 3, and 4 ☐ Maintenance Dose: Inject 150mg Sc every 4 weeks ☐ Other: _____		
☐ **DUPIXENT** (dupilumab)	☐ 300 mg/2 mL prefilled syringe ☐ 200 mg/1.14 mL prefilled syringe	**Patients weighing ≥60kg** ☐ Loading dose: Inject 600mg SC at week 0 ☐ Maintenance dose: Inject 300mg SC every other week **Patients weighing <60kg** ☐ Loading dose: Inject 400mg SC on Day 1 ☐ Maintenance dose: Inject 200mg SC every other week		
☐ **ENBREL** (etanercept)	☐ 50 mg/mL prefilled syringe ☐ 50 mg/mL SureClick Autoinjector ☐ 50 mg/mL cartridge	☐ Inject 50mg SC once weekly ☐ Inject 50mg SC twice weekly ☐ Inject ____mg (0.8mg/kg) SC once weekly		

Injection training provided by: ☐ Prescriber's office ☐ Pharmacy ☐ Other: _____

☐ Product substitution permitted ☐ Dispense as written

Prescriber's Signature: _____ Date: _____