PURE INFUSION SUITES

INFUSION ORDERS STELARA

UTAH PROVIDERS Fax form to:
1-801-991-6924

ALL OTHER PROVIDERS Fax form to:
1-801-931-2631

you must enter a 1 before the fax number

Patient's Information

Date of Referral

First Name | Last Name | M.I.

Date of Birth

Address

City | State | ZIP Code

Phone

WT (kg) | HT (in)

Diagnosis

Allergies

***Please fax all recent labs including TB date/result as well and any pertinent labs required for this drug.**

*ICD 10 CODE

***Please include supporting clinical documentation for the specified ICD 10 Code as well as demographic and insurance information. This is necessary to ensure payment by the insurance carrier. Please fax with this order form. Initial appointment date and time will be verified after insurance approval.**

STELARA DOSING

Initial Dosing:
A single intravenous infusion using weight-based dosing: Use only an infusion set with an in-line, sterile, non-pyrogenic, low protein-binding-filter (pore size 0,2 micrometer)

- ☐ Up to 55kg: 260mg
- ☐ 55kg to 85kg: 390mg
- ☐ Greater than 85kg: 520mg
- ☐ Maintenance injection of 90mg subcutaneous injection

  every ☐ week ☐ refills

Premedications

Prescribing Provider

Address

City | State | ZIP Code

Provider Signature | Date/Time

Provider Phone | Provider Fax