RESTORE HEALTH
INFUSION AND WELLNESS

# SKYRIZI

**Please include the following to expedite the order:**
Patient Demographics, Insurance Information, TB Test

## PATIENT

**Referral Status:** ☐ New ☐ Updated ☐ Renewal

**Name:** _____ **DOB:** _____ **Gender:** ☐ M ☐ F ☐ Other _____

**Address:** _____ **City:** _____ **State:** _____ **Zip:** _____ **Phone:** _____

## PRESCRIBER

**Name:** _____ **DEA:** _____ **NPI:** _____ **State License:** _____

**Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

**Phone:** _____ **Fax:** _____

## CLINICAL

**Diagnosis:** ☐ K51.9 (Ulcerative Colitis) ☐ K50.9 (Crohn's disease) ☐ Other: _____

**Allergies:** _____ **Weight:** _____ ☐ kg ☐ lbs **Height:** _____ ☐ cm ☐ in

**TB/PPD test:** ☐ Positive ☐ Negative **HBV:** ☐ Yes ☐ No If yes, treated: ☐ Yes ☐ No

## TREATMENT INFORMATION

### SKYRIZI (risankizumab-rzaa)

**Route:** Intravenous Infusion

**Dose:** ☐ 600mg ☐ 1200mg

**Frequency:**

☐ Induction (CD): 600mg IV over 1 hour on weeks 0, 4, and 8

☐ Induction (UC): 1200mg IV over 2 hours on weeks 0, 4, and 8

**Quantity:** _____ **Refills:** _____

### Premedication Protocol:

☐ Diphenhydramine: ☐ 25mg ☐ 50mg ☐ PO ☐ IV

☐ Acetaminophen: ☐ 325mg ☐ 500mg ☐ 650mg PO

☐ Other: _____

Sig: _____

■ *Center will use anaphylactic and hypersensitivity protocol established by Restore Health*

**Special Instructions:** _____

_____

_____

_____

Provider Signature: _____ Date: _____

Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments. Thank you.