



Patient Name: _____
Patient Phone: _____

DOB: _____
SEX: M F

Please Attach All Insurance Information, front and back

MEDICAL INFORMATION

Diagnosis: L40.0 Psoriasis Vulgaris
L40.9 Plaque Psoriasis
Other: _____

Patients weight: _____
Lab Date: _____
Allergies: _____

ICD-10 _____

ALSO INCLUDE...

Clinical/ Progress Notes
Demographics Sheet
Current Medications
Labs

ILUMYA ORDER

Ilumya Dose:

Initial Dosing: 100mg week 0, week 4
Maintenance Dosing: 100mg every 12 weeks

Patients weight (kg): _____

Date of last Ilumya Injection: _____

Additional Comments:

PHYSICIAN INFORMATION

Referring Physician: _____ Phone: _____

Practice Address: _____

Office Contact: _____ Fax: _____

NPI/ TIN: _____

Referring Physician's Signature _____ Date: _____