



For new referrals, please include recent labs and last two office visit notes.

Fax completed form to (315) 457-4305

Phone (315) 457-3091

1. PATIENT INFORMATION

Name:	DOB:	
Phone:	Other Phone:	
Email:		
Social Security #:	Allergies:	
Gender: M F	Weight: Lbs Kg	
Patient Status: New to therapy Continuing therapy		Next due date (if applicable):

2. INSURANCE INFORMATION (required)

Please submit copies of the front and back of primary and/or secondary insurance cards with this referral.

3. PHYSICIAN INFORMATION

Physician Name:	NPI#:	
License #:	TIN#:	DEA#:
Address:		
City:	State	Zip
Office Contact:	Email:	
Office phone:	Office fax:	

4. DIAGNOSIS INFORMATION (ICD 10 Code Required)

NMOSD (Neuromyelitis optica spectrum disorder) (_____) Immunoglobulin G4-related disease (IgG4-RD) (_____)
AChR or MuSK Ab⁺ generalized MG (_____) *Hep B, TB and Ig Levels required before 1st dose

5. PRESCRIPTION INFORMATION (requires new order every 12 months)

UPLIZNA	PRE-MEDICATIONS	N/A
Initial Maintenance	Acetaminophen	500mg 650mg 1000mg
Initial Dose: 300mg IV, followed 2 weeks later by a second dose of 300mg IV	Fexofenadine (Allegra)	180mg PO (or other non-sedating antihistamine)
Maintenance (starting 6 months from 1st infusion): 300mg IV Q6 months	Diphenhydramine (Benadryl)	25mg 50mg PO IV (requires driver)
	Methylprednisolone (Solu-Medrol)	40mg 80mg 125mg IV
	Prednisone _____ mg PO	
	Other _____	
Vital signs per HI protocol	POST-MEDICATIONS	N/A
Anaphylaxis & Hydration Management per HI protocol	Acetaminophen	500mg 650mg 1000mg
	Prednisone _____ mg PO	
	Other _____	

6. LABS

CBC w/Diff	Each Infusion	Other Frequency (specify): _____
CRP	Each Infusion	Other Frequency (specify): _____
CMP	Each Infusion	Other Frequency (specify): _____
ESR	Each Infusion	Other Frequency (specify): _____
Hepatic Panel	Each Infusion	Other Frequency (specify): _____
Renal Panel	Each Infusion	Other Frequency (specify): _____
Quantiferon TB Gold, annually, last completed (date): _____		
Other (specify): _____		

7. SIGNATURE (required)

PHYSICIAN'S SIGNATURE

DATE