

Patient Information

Date: _____

Name: _____ Date of Birth: _____

Office Name, Address, Phone #

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail: _____

Biologics & Other GI Associated Medications

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Apriso ER	375mg	Take _____ Capsules by mouth _____ times daily		
<input type="checkbox"/> Asacol HD	800mg	take 2 tablets by motuh 3 times daily for 6 weeks		
Cimzia <input type="checkbox"/> Starter Kit <input type="checkbox"/> Vial <input type="checkbox"/> Prefilled Syringe		400mg initially and at Weeks 2 and 4. If Response occurs, follow with 400mg every 4 weeks		
<input type="checkbox"/> Dificid	200mg	take 1 tablet by mouth every 12 hours for 10 days		
<input type="checkbox"/> Humira Starter Kit (6 Pens)	40mg/0.8mL	Inject 160mg (4 pens) for the initial Dose THEN 2 weeks later (on day 15) inject 80mg (2 pens)		
<input type="checkbox"/> Humira Maintenance (2 Pens)	40mg/0.8mL	Inject 40mg (1 pen) every other week		
<input type="checkbox"/> Linzess	145mcg <input type="checkbox"/> 290mcg <input type="checkbox"/>	Take _____ Capsules by mouth once daily		
Simponi <input type="checkbox"/> Auto Injector Pen <input type="checkbox"/> Prefilled Syringe	100mg/1mL	200 mg injected subcutaneously at week 0 THEN 100mg at week 2 THEN 100mg every 4 weeks for maintenance		
<input type="checkbox"/> Stelara PFS Maintenance	90mg	Inject 90mg dose 8 weeks after initial IV dose, then every 8 weeks thereafter		
<input type="checkbox"/> Viberzi	75mg <input type="checkbox"/> 100mg <input type="checkbox"/>	Take 1 tablet by mouth twice daily		
<input type="checkbox"/> Xifaxan	200mg <input type="checkbox"/> 550mg <input type="checkbox"/>	Take _____ Tablets by mouth _____ times daily		

OTC Items (circle):

Balneol | Calmol 4 Suppositories | Calmoseptine | Critic-aid | HC 1% Suppositories | Miralax | Recticare

Additional Notes:

Prescriber Signature:

Dispense As Written

Substitution Permissible