

Borough Park
1428 36th Street
Suite 107
Brooklyn, NY 11218

Crown Heights
555 Lefferts Avenue
Brooklyn, NY 11225

Manhattan
57W 57Street
Suite 601
New York, NY 10019



Queens
64-05 Yellowstone Blvd
CF104
Forest Hills, NY 11375

Riverhead
1228 E Main Street
Suite A
Riverhead, NY 11901

Manhasset
333 East Shore Road
Suite 201
Manhasset, NY 11030

Rockville Centre
165 North Village Avenue
Suite 133
Rockville Center, NY 11570

Elmsford/ Terrytown
555 Taxter Road
3rd Floor
Elmsford, NY 10523

Holbrook/ Ronkonkoma
233 Union Ave
Suite 207
Holbrook, NY 11741

Scarsdale
495 Central Park Avenue
Suite 205
Scarsdale, NY 10583



(ustekinumab)

STELARA IV infusion orders

Date: _____

Patient Name _____ DOB _____

Phone _____ MO FO

NPI _____ Tax ID _____

Insurance Carrier (primary) _____

Insurance Carrier (secondary) _____

DIAGNOSIS Please provide ICD-10 code

_____ Crohn's Disease _____ (other) _____

PRE-MEDICATION

Tylenol 1000mg PO Solu-Medrol 125mg IVP
 Diphenhydramine 25mg PO Solu-Cortef 100mg IVP
 Cetirizine 10mg PO Diphenhydramine 25mg IVP
 _____ _____

STELARA INTRAVENOUS ORDERS

DOSAGE		PATIENT WEIGHT
<input type="radio"/> up to 55kg -	260mg (2 vials)	_____ lbs.
<input type="radio"/> greater than 55kg to 85kg -	390mg (3 vials)	_____ kg
<input type="radio"/> greater than 85kg -	520mg (4 vials)	
FREQUENCY		
<input type="radio"/> initial infusion followed by SQ injections self-administered <small>(follow-up maintenance injections to be coordinated by a specialty pharmacy and are not part of this order)</small>		

NOTES

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____