LIVINGSTON SUBSPECIALTY GROUP, P.A.

ANTHONY C. BOTTI, M.D.
Hematology/Oncology

GIGI R. DIAMOND, M.D.
Infectious Diseases

349 East Northfield Road, Suite 200
Livingston, New Jersey 07039
(973) 597-0900 Fax (973) 597-0910

REMICADE / ORENCIA / ACTEMRA
INFUSION REQUEST

PHYSICIAN INFORMATION

Ordering Physician Name _____
Phone # _____
Office Contact Name _____

PATIENT INFORMATION

Name _____
(First) (MI) (Last)
Address _____
City _____ ST ZIP
Home Phone# _____
S.S.# _____
Sex ☐ Male ☐ Female DOB _____

PATIENT INSURANCE INFORMATION

Insurance company #1 _____
Primary Insured Name _____ DOB
Employer _____
Insurance co. phone # _____
Policy # _____ Group #

Insurance Co. #2 _____
Prim. Insured _____
DOB _____
Phone # _____
ID # _____ Gr.#

***PLEASE ATTACH FRONT AND BACK COPIES OF ALL INSURANCE CARDS**

☐	5 – ASA	☐	Gold Compounds
☐	Antibiotics	☐	Hydroxychloride
☐	Sulfasalazine	☐	Cyclophosphamide
☐	Azathioprine	☐	Penicillamine
☐	6 – MP	☐	Leflunomide
☐	Prednisone	☐	Etanercept
☐	Methotrexate	☐	Anakinra
☐	Cyclosprine	☐	Adalimumab
☐	Analgesics	☐	Other
☐	NSAIDs	☐	

THERAPY WITH REMICADE

TB Test Date _____
Dosage /frequency _____
Patient weight _____ **lb.** **kg.**
Anticipated # of infusions _____

PLEASE ATTACH PRESCRIPTION BELOW

Medical History

Crohn's Disease	
☐	555.0 Regional enteritis, small intestine
☐	555.1 Regional enteritis, large intestine
☐	555.2 Regional enteritis, sm/lg intestine
☐	555.9 Regional enteritis, unspecified site
Ulcerative Colitis	
☐	556.0 Ulcerative (chronic) enterocolitis
☐	556.1 Ulcerative (chronic) ileocitis
☐	556.2 Ulcerative (chronic) proctitis
☐	556.3 Ulcerative (chronic) proctosigmoiditis
☐	556.5 Left Sided ulcerative (chronic) colitis
☐	556.6 Universal ulcerative (chronic) colitis
☐	556.8 Other ulcerative colitis
☐	556.9 Ulcerative colitis, unspecified
Fistula	
☐	565.1 Anal fistula
☐	569.81 Intestinal fistula excluding rectum
Rheumatoid Arthritis	
☐	714.0 Rheumatoid arthritis
☐	714.2 Other RA w/ visceral or system involvement
Psoriatic Arthritis	
☐	696.0 Psoriatic arthropathy
Psoriasis	
☐	696.1 Psoriasis
Ankylosing Spondylitis	
☐	720.0 Ankylosing spondylitis

Comment / Other _____

Date of Diagnosis or Years with disease _____

Please attach copies of HISTORY and PHYSICAL, most recent CBC and CMP, and most recent COLONOSCOPY