Gastroenterology Referral Form

Please send the following with clinical documentation, which includes visit, physical and history notes, plus lab results for last 3 months, to:

p: 844.575.1515 | f: 844.797.5050 | e: specialtyreferrals@soleohealth.com

This form is not a valid prescription

✂ Please detach before submitting to a pharmacy. Cut or tear here.

PATIENT INFORMATION

Patient Name		DOB	Contact Phone
Address	City	State	Zip
Gender ☐M ☐F	Social Security, last 4 digits	Weight (lb.)	Height (in.)
☐NKDA	☐Allergies		Date
ICD-10 code (required)		ICD-10 description	
Patient Status ☐New to Therapy ☐Continuing Therapy		TB Skin Test ☐Yes ☐No	Hepatitis B Screen ☐Yes ☐No

PRESCRIBER INFORMATION

Ordering Prescriber		Prescriber NPI	
Practice Name		Phone	Fax
Practice Address	City	State	Zip

REQUIRED DOCUMENTATION

☐Insurance Cards ☐History & Physical ☐Most Recent Labs ☐Medication List

GASTROENTEROLOGY TREATMENT PLAN

☐ Remicade® or Biosimilar _____
Loading dose: ☐5mg/kg ☐7.5mg/kg ☐10mg/kg at 0, 2 and 6 weeks, then every _____ weeks thereafter

☐ Entyvio®
☐ 300 mg infused IV at 0, 2, and 6 weeks, then every _____ weeks thereafter.

☐ Stelara® or Biosimilar _____
130 mg (5mg/ml) single dose vials for intravenous use :
☐ (≤55kg) 260 mg IV over 1 hour x 1 dose
☐ (55kg to 85 kg) 390 mg IV over 1 hour x 1 dose
☐ (>85kg) 520 mg IV over 1 hour x 1 dose
☐ Maintenance: Inject 90mg - (2x - 45mg) SC 8 weeks after the initial IV infusion then every 8 weeks thereafter

☐ Skyrizi®
☐ Crohn's Loading Doses - Infuse 600 mg IV at weeks 0, 4 and 8
☐ Ulcerative Colitis Loading Doses - Infuse 1200 mg IV at weeks 0, 4 and 8
Maintenance Dose ☐ Inject 360 mg SC at week 12 and then every 8 weeks thereafter ☐ Inject 180 mg SC at week 12 and then every 8 weeks thereafter

☐ Tremfya®
☐ Ulcerative Colitis and Crohn's Loading Doses - Infuse ☐ 200 mg IV at weeks 0, 4, 8 ☐ 400mg SC at weeks 0, 4, 8
Maintenance Doses ☐200 mg SC q 4 wks ☐100 mg SC q 8 wks

☐ Other	Include dosage, frequency and any other special instructions.

☐ Refill for 1 year

NURSING

Skilled RN to establish and maintain vascular access as needed, draw ordered labs, conduct patient assessments, and educate on home infusion, medication administration, self-monitoring and safety.

PREMEDICATION

☐ Include premedication per Pharmacy's infusion protocol.

☐ Other _____

LABORATORY ORDERS

☐ CBC every _____
☐ CMP every _____
☐ Other

The Pharmacy may contact the prescriber to comply with state-specific requirements. The prescriber is required to comply with any applicable state-specific prescription requirements (e.g., e-prescribing, prescription forms).

The information in this form is intended only for the person(s) or entity to which it is addressed and may contain confidential or legally protected material. If you receive this information in error, please contact the sender and destroy the document(s) promptly at the direction of the sender.

Copyright © 2026 Soleo Health Holdings, Inc. All rights reserved. 3.26