DERMATOLOGY
REFERRAL FORM
Fax: 270-247-6033
or 270-251-3571

DUNCAN SPECIALTY PHARMACY

317 W. Broadway
Mayfield, KY 42066
Phone: 270-247-3725

PRODUCTS I-Z

Today's Date: Needs by Date: Ship to: ☐ Patient ☐ Office ☐ Other:

Patient Information

Patient Name:
Address:
City, State, Zip:
Home & Cell #:
SSN:
DOB: Sex:
Drug Allergies:

Prescriber Information

Prescriber Name:
Address:
City, State, Zip:
DEA #: State Lic#:
NPI#:
Phone: Fax:
Contact Person:

INSURANCE INFORMATION: Please fax front & back copy of Medical & Prescription card(s) as well as pertinent chart notes related to Patient's diagnosis.

Clinical Information—Statement Of Medical Necessity

Diagnostic Information

ICD-10 code(s): Diagnosis:
ICD-10 code(s): Diagnosis:
ICD-10 code(s): Diagnosis:
Location: ☐ Hands ☐ Feet ☐ Scalp ☐ Groin ☐ Nails ☐ Other:

% BSA: _____ % TB/PPD Test Date Given:_____Results: ☐ Negative ☐ Positive (Please attach results)

Prior Treatment History

MEDICATION	DURATION/REASON FOR D/C	MEDICATION	DURATION/REASON FOR D/C
☐ Methotrexate			
☐ Cyclosporine		☐ Topicals (list):	
☐ Sulfasalazine			
☐ Acitretin		☐ Other:	
☐ Biologics:			

Prescription Information

✓	MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILLS
☐	ILUMYA	☐ 100mg PFS	☐ Induction: Inject 100mg SQ at Weeks 0, 4, and every 12 weeks thereafter ☐ Maintenance: Inject 100mg SQ every 12 weeks	☐ 1 Month ☐ 3 Months ☐ Other:	
☐	OTEZLA	☐ Starter Pack ☐ 30mg Tablet	☐ Follow Starter Pack directions ☐ Take 1 tablet twice a day	☐ 1 Month ☐ 3 Months ☐ Other:	
☐	SILIQ	☐ 210mg PFS	☐ Induction: Inject 210mg SQ at Weeks 0, 1, and 2 ☐ Maintenance: Inject 210mg SQ every 2 weeks	☐ 1 Month ☐ 3 Months ☐ Other:	
☐	SIMPONI	☐ 50mg SmartJect ☐ 50mg PFS	☐ Inject 50mg SQ once a month	☐ 1 Month ☐ 3 Months ☐ Other:	
☐	SKYRIZI	☐ 75mg PFS	☐ Induction: Inject 150mg (2 syringes) SQ at Weeks 0, 4, & every 12 weeks thereafter ☐ Maintenance: Inject 150mg (2 syringes) SQ every 12 weeks	☐ 1 Month ☐ 3 Months ☐ Other:	
☐	STELARA	☐ 45mg PFS ☐ 90mg PFS	☐ <100kg Body Weight: Inject 45mg on day 0, week 4, & then every 12 weeks. ☐ >100kg Body Weight: Inject 90mg on day 0, week 4, & then every 12 weeks. ☐ Maintenance: 1 syringe SQ every 12 weeks	☐ 1 Month ☐ 3 Months ☐ Other:	
☐	TALTZ	☐ 80mg PFS ☐ 80mg Autoinjector	☐ Inject 160mg SQ on Week 0, then inject 80mg at Weeks 2, 4, 6, 8, 10, & 12 ☐ Maintenance: Inject 80mg SQ every 4 weeks	☐ 1 Month ☐ 3 Months ☐ Other:	
☐	TREMFYA	☐ 100mg PFS	☐ Induction: Inject 100mg SQ at Week 0, Week 4, and every 8 weeks thereafter. ☐ Maintenance: Inject 100mg SQ every 8 weeks	☐ 1 Month ☐ 3 Months ☐ Other:	

Revised 07/12/2019

Prescriber Signature: _____Date: _____