



CEDRA

DERMATOLOGY

REFERRAL FORM

FAX: 888.889.7129

TOLL FREE: 844.233.7279

CEDRASPECIALTY.COM

PATIENT INFORMATION

Patient Name: DOB: Preferred Phone:
SSN#: Language: English Other
Address: Sex: Male Female Height: Weight: lbs kg
City: State: Zip: Known Allergies:

* PLEASE FAX FRONT/BACK COPY OF PHARMACY BENEFIT CARD, MEDICAL INSURANCE CARD, NOTES, LABS & TESTS WITH THE PRESCRIPTION TO EXPEDITE PROCESSING *

PRESCRIBER INFORMATION

Prescriber Name: DEA#: NPI#: Tax ID#:
Address: Phone: E-mail:
City: State: Zip: Key Contact: Phone: Fax:
STATUS UPDATE PREFERENCE: Phone Text Fax E-mail:

DIAGNOSIS/CLINICAL INFORMATION

Diagnosis: ICD-10 Code: Date of Diagnosis: OR Years With Disease
Medical Assessment (Within Last 12 Months): Psoriasis Severity: Moderate Moderate to Severe Severe
Psoriasis Type: Plaque Other (please specify)
Atopic Dermatitis

Patient Evaluation:
Has patient been diagnosed with Lymphoma? Yes No Has patient been diagnosed with Heart Failure? Yes No
Which type of TB test has the patient received? PPD QFT-G Results:
Has Hepatitis B been ruled out or treatment been initiated? Yes No If NO, has treatment been initiated? Yes No
Does patient have a latex allergy? Yes No Does patient have serious/active infection? Yes No
BSA % IGSA score Is patient's platelet count >52,000 cell/uL? Yes No

PRIOR (FAILED) MEDICATION: MEDICATION REASONS FOR DISCONTINUATION
BIOLOGICS:
ORAL MEDS:
PUVA/ UVB:
TOPICALS/OTHER:

PRESCRIPTION INFORMATION

Table with 5 columns: MEDICATION, DOSE/STRENGTH, SIG, QTY., REFILLS. Rows include COSENTYX, DUPIXENT, ENBREL, HUMIRA, HUMIRA Citrate Free, OTEZLA, REMICADE, SILIQ, STELARA, TALIZ, and TREMFYA.

Date Medication Needed: Deliver To: Patient Home MD Office
Prescriber Signature: (Please sign and date below)
Your signature authorizes Cedra Pharmacy to act on your behalf to obtain prior authorization for the prescribed medications. We will also pursue available copay and financial assistance on behalf of your patients.

Substitution Permissible Date Dispense as written "DAW" Date

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