Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629

Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
Fax: 937-401-6629

Ilumya® (Tildrakizumab) Order Form

Epic Referral: **REF115260**

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis Code:** _____

Rx:

Tildrakizumab 100 mg subcutaneously at weeks 0, 4, and then every 12 weeks thereafter

Order duration:

☐ 1 year ☐ 6 months ☐ Other duration: _____

Last date and type of TB test: _____ (please fax copy of results with order)

Other Comments:_____

_____

Prescriber Printed Name:_____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____