ZANGMEISTER CENTER
The Choice for Oncology & Hematology

The Zangmeister Center
3100 Plaza Properties Blvd.
Columbus, OH 43219
Ph: 614-383-6000

Remicade® Fax Referral Form

Referring Physician Information

Referring Physicians Name:	
Referring Physicians Phone:	
Referring Physicians Fax #:	

Patient Information

Patient Full First Name (No Nicknames)		**Middle Initial**		**Last Name**	
Date of Birth		**SSN**			
Phone		**Address**			

Medical History *(check all that apply)* *(if using more than one diagnosis, please circle the primary)*

Crohn's Disease
- ☐ 555.0 Regional enteritis, Small intestine
- ☐ 555.1 Regional enteritis, Large intestine
- ☐ 555.2 Regional enteritis, Small and Large intestine
- ☐ 555.9 Regional enteritis, unspecified site

Fistula
- ☐ 565.1 Anal Fistula
- ☐ 569.81 Intestinal Fistula excluding rectum and anus

Ulcerative Colitis
- ☐ 556.0 Ulcerative (Chronic) enterocolitis
- ☐ 556.1 Ulcerative (Chronic) ilecolitis
- ☐ 556.2 Ulcerative (Chronic) proctitis
- ☐ 556.3 Ulcerative (Chronic) proctosigmoidtis
- ☐ 556.5 Left-Sided ulcerative (chronic) colitis
- ☐ 556.6 Universal ulcerative (chronic) colitis
- ☐ 556.8 Other ulcerative colitis
- ☐ 556.9 Ulcerative colitis, unspecified

Rheumatoid Arthritis
- ☐ 714.0 Rheumatoid arthritis
- ☐ 714.2 Other RA with visceral or systemic involvement

Psoriatic Arthritis
- ☐ 696.0 Psoratic anthropathy

Psoriasis
- ☐ 696.1 Psoriasis

Ankylosing Sponylitis
- ☐ 720.0 Ankylosing spondylitis

Insurance Information

Primary	Insurer: ______________________ Phone :__________ Policy #:__________ Group #:__________ Policy Holder:__________
Secondary	Insurer: ______________________ Phone :__________ Policy #:__________ Group #:__________ Policy Holder:__________
Attach the following:	☐ Prescription ☐ Insurance Card(s) *front and back* ☐ Progress Notes ☐ Biopsy Results ☐ Lab Results including: ☐ CBC panel ☐ TB ☐ Liver Panel ☐ Sed Rate
RX:	☐ Remicade __ 5mg/kg __10mg/kg Q 0, 2, 6 weeks then Q8 Weeks X__________
	☐ Remicade __ 5mg/kg __10mg/kg Q8 Weeks X__________

Physicians Signature: **Date:**

Contact Information:
614-383-6202 (Lisa Phone)
614-383-6203 (Lisa Fax)
614-383-6200 (Marianne Phone)
614-383-6201 (Marianne Fax)