Revitalize Infusion Center
885 Liberty Road Suite 300 Flowood, MS 39232
1067 Highland Colony Parkway Suite G Ridgeland, MS 39157
Phone: 601-213-0069 Fax: 601-714-1569

Patient Name	DOB
Allergies	

Diagnosis: ☐ Plaque psoriasis (L40.0) ☐ Unspecified psoriasis (L40.9) ☐ Other _____

****REQUIRED INFORMATION****

- ☐ This signed order from the provider
- ☐ Patient demographics & insurance information
- ☐ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis
- ☐ TB screening within the last 12 months

ILUMYA ORDER

☐ ILUMYA (TILDRAKIZUMAB-ASMN) 100mg/1mL prefilled syringe

Inject 100mg subcutaneous

☐ Initial Dose (week 0) ☐ Week 4 dose ☐ Every 12 weeks

Last dose (if applicable) _____

# of refills _____

Additional Instructions _____

Prescriber's Signature _____ Date _____

Prescriber's Name _____ Phone _____ Fax _____