



Robert Moyer, MD., FACP Jinsong Zhang, MD Yvan Acosta, MD
Surjeet Dheer, MD Taras Yurchenko, PA-C

Specializing in Rheumatology and Medical Infusions

**PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:
LAST OFFICE NOTE AND ANY RELATIVE IMAGING OR LAB REPORTS**

Patient Information

Name _____ Date of birth _____

Home _____ Work _____ Cell _____

Referring Information

Physician _____ Primary Physician _____

Referred to/for

Rheumatology (Robert Moyer, MD / Jinsong Zhang, MD / Surjeet Dheer, MD / Yvan Acosta, MD / Taras Yurchenko PA-C)

Problem to be addressed: _____

If you would like to refer your patient over for a specific treatment/therapy only, (WITHOUT direct physician consultation), please fill out the other corresponding form. All other forms can be found by clicking on the following links, or by visiting our website: <http://infusede.com/phycians/>

Biologic Therapy Order Form and Osteoporosis Therapy Order Form

Solumedrol treatment _____
Dose/frequency _____ Start date _____ End date _____

Other/Teaching: Humira / Cimzia / Enbrel / Simponi / Cosentyx / Forteo / Tymlos / Taltz