



Robert Moyer, MD., FACP    Jinsong Zhang, MD  
Nancy Lemoi, PA-C    Taras Yurchenko, PA-C  
Christopher Miller, RN

**Specializing in Rheumatology and Medical Infusions**

**PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:  
LAST OFFICE NOTE AND ANY RELEVANT LAB OR IMAGING 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 / Nancy Lemoi, PA-C)

Problem/DX 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 corresponding form. All order forms can be found by clicking on the following links, or by visiting our website: <http://infusede.com/physicians/>

Biologic Therapy Order Form

Osteoporosis Therapy Order Form

Solumedrol treatment    \_\_\_\_\_  
DOSE/FREQUENCY    START DATE    END DATE

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

\_\_\_\_\_