

Order Form

PATIENT INFORMATION

Name **Sarah Johnson**

Date of Birth **1988-06-12**

Age

37 years

PRIMARY INSURANCE

Provider Name **UnitedHealthcare**

Group Number **GRP-12345**

Member ID **UHC98765432I**

Effective Date **12/31/2023**

Plan Type **Commercial PPO**

ORDER INFORMATION

Drug Name **Humira (adalimumab)**

Strength **40mg/0.8mL**

Quantity **2 prefilled syringes**

Frequency **Every 2 weeks**

Diagnosis **M05.79**

PRESCRIBER INFORMATION

Dr. Jihad M. El-Hayek

NPI / ID: 1538354451

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