Chicago Illinois
4711 Golf Road
Suite 900
Skokie, IL 60076

ThrIVewell INFUSION
Office: 212-803-3339 Fax : 646-768-8600

REJUVEINATE

(vedolizumab

ENTYVIO infusion orders

Date: _____

Patient Name _____ DOB _____

Phone _____ M ○ F ○

○ Allergies _____

NPI _____ Tax ID _____

Insurance Carrier (primary) _____

Insurance Carrier (secondary) _____

REFERRAL STATUS

- ○ New Prescription
- ○ Order Renewal
- ○ Does or Frequency Change
- ○ Discontinuation

DIAGNOSIS *Please provide ICD-10 code*

- ☐ _____ Ulcerative Colitis
- ☐ _____ Crohn's Disease
- ☐ _____ _____ *(other)*

PRE-MEDICATION

- ☐ Tylenol 1000mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Cetirizine 10mg PO
- ☐ _____ *(other)*
- ☐ Solu-Medrol 125mg IVP
- ☐ Solu-Cortef 100mg IVP
- ☐ Diphenhydramine 25mg IVP
- ☐ _____ *(other)*

ENTYVIO ORDERS

DOSAGE

- ◉ 300mg IV
- ○ Other _____

PATIENT WEIGHT

_____ lbs.

_____ kg

FREQUENCY

- ○ Dose at weeks 0, 2, and 6, then every 8 weeks
- ○ Dose every _____ weeks

ROUTE

- ○ IV

Total dosage ☐ /refills _____

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____