

Borough Park
1428 36th Street
Suite 107
Brooklyn, NY 11218

Crown Heights
555 Lefferts Avenue
Brooklyn, NY 11225

Manhattan
57W 57Street
Suite 601
New York, NY 10019



Queens
64-05 Yellowstone Blvd
CF104
Forest Hills, NY 11375

Riverhead
1228 E Main Street
Suite A
Riverhead, NY 11901

Manhasset
333 East Shore Road
Suite 201
Manhasset, NY 11030

Rockville Centre
165 North Village Avenue
Suite 133
Rockville Center, NY 11570

Elmsford/ Terrytown
555 Taxter Road
3rd Floor
Elmsford, NY 10523

Holbrook/ Ronkonkoma
233 Union Ave
Suite 207
Holbrook, NY 11741

Scarsdale
495 Central Park Avenue
Suite 205
Scarsdale, NY 10583



(vedolizumab)

ENTYVIO infusion orders

Date: _____

Patient Name _____ DOB _____

Phone _____ MO FO

NPI _____ Tax ID _____

Insurance Carrier (primary) _____

Insurance Carrier (secondary) _____

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

PATIENT WEIGHT

_____ lbs.

_____ kg

FREQUENCY

Dose at weeks 0, 2, and 6, then every 8 weeks

Dose every _____ weeks

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____