

Boca Raton  
9980 Central Park Blvd  
Suite 202, N  
Boca Raton, FL 33428



(vedolizumab)

# ENTYVIO

Infusion orders

Date: \_\_\_\_\_

## PATIENT INFORMATION

|  |                     |  |
|--|---------------------|--|
| Name:                                    | DOB:                | SEX: M <input type="checkbox"/> F <input type="checkbox"/> |
| ICD-10 code (required):                  | ICD-10 description: |  |
| <input type="checkbox"/> NKDA Allergies: | Weight lbs/kg:      |  |

## REFERRAL STATUS

New Referral  Referral Renewal  Medication/Order Change  Benefits Verification Only  Discontinuation Order

## PHYSICIAN INFORMATION

|                            |  |
|----------------------------|--|
| Referral Coordinator Name: | Referral Coordinator Email:              |
| Ordering Provider:         | Provider NPI:                            |
| Referring Practice Name:   | Phone: _____ Fax: _____                  |
| Practice Address:          | City: _____ State: _____ Zip Code: _____ |

### DIAGNOSIS Please provide ICD-10 code

- \_\_\_\_\_ Ulcerative Colitis
- \_\_\_\_\_ Crohn's Disease
- \_\_\_\_\_
- \_\_\_\_\_

### PRE-MEDICATION

- Tylenol 1000mg PO
- Diphenhydramine 25mg PO
- Cetirizine 10mg PO
- \_\_\_\_\_ (other)
- Solu-Medrol 125mg IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP
- \_\_\_\_\_ (other)

### SPECIAL INSTRUCTIONS

### ENTYVIO ORDERS

#### DOSE:

- 300mg IV
- Other \_\_\_\_\_

#### FREQUENCY

- Dose at weeks 0,2, and 6, then every 8 weeks
- Dose every \_\_\_\_\_

#### ROUTE

- IV

#### TOTAL DOSES:

- 1 yr \_\_\_\_\_  Other \_\_\_\_\_  Refill \_\_\_\_\_
- Route:  SQ  IV

#### PATIENT WEIGHT

\_\_\_\_\_ lbs.  
\_\_\_\_\_ kg

NOTES/ADDITIONAL COMMENTS:

## ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_