

Phone: 580-250-5899

Fax: 580-585-5472

ENTYVIO ORDER FORM

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI _____
HT: _____ WT: _____ DOB: _____ Sex : () Male () Female SSN: _____
Street Address _____ City/State/Zip _____
Home Phone # _____ Work # _____ Cell # _____

INSURANCE INFORMATION

Primary Insurance Name _____ Policy ID# _____
Secondary Insurance Name _____ Policy ID# _____

PHYSICIAN/FACILITY INFORMATION

Physician's Name _____ Contact Name _____ Contact Phone # _____
Address _____ City/State/Zip _____ Fax #: _____
DEA# _____ NPI # _____ State License # _____

STATEMENT OF MEDICAL NECESSITY

Primary Diagnosis (ICD 10 code AND CPT code) _____
Secondary Diagnosis (ICD 10 code AND CPT code) _____

PERTINENT MEDICAL HISTORY

TB test performed? Yes No Results _____ Patient diagnosed with Congestive Heart Failure? Yes No
Liver function test normal? Yes No Comments _____
Does the patient have venous access? Yes No If Yes, what type? _____
Patient previously treated with Remicade? Yes No If Yes, date: _____
Patient had Hep-B antigen surface antibody test? Yes No If Yes, date: _____

PRESCRIPTION ORDERS: ENTYVIO® (VEDOLIZUMAB) 300mg IV

***ALL MEDIPOINTS/PORTS/VAD WILL BE FLUSHED WITH HEPARIN PER HOSPITAL PROTOCOL**

***50 mL BAG OF NORMAL SALINE WILL BE HUNG TO CLEAR ALL PATIENT LINES**

Check if loading doses are required: Infuse at 0, 2, and 6 weeks, then once every _____ weeks

Sig: Infuse 300mg IV Other: _____ in NS 0.9% 250mL once every _____ weeks

PRN MEDICATIONS:

Bendaryl PRN: _____ mg PO IV IVP Acetaminophen PRN: _____ mg PO IV IVP
 Other: _____ Oxygen: _____

FLUSHES:

10mL NS Flush Syringe PRN Heparin 500units/5mL Flush Syringe PRN 50mL NS PRN

Labs: _____

Notes: _____

Physician's Signature _____ Date: _____ Time: _____

Fax completed form to the Outpatient Infusion Center at 580-585-5472. PLEASE include copies of: H&P, OFFICE NOTES, LABS, ACTIVE MEDICATION PROFILE, LETTER OF NECESSITY or any other documentation supporting the use of infusion therapy, and ALL current insurance information for your referral to be processed.