



Entyvio

Provider Order Form

PATIENT INFORMATION

| | | | |
|-------------------------------------|---------------------|------------------------------------|----------------|
| Patient Name: | | DOB: | |
| Patient Home Phone: | Patient Cell Phone: | Patient Email: | |
| Address: | City: | State: | Zip Code: |
| Emergency/Alternate Contact Name: | | Emergency/Alternate Contact Phone: | |
| NKDA | Allergies: | Weight lbs/kg: | Height: |
| Patient Status: | New to Therapy | Continuing Therapy | Therapy Change |
| Last infusion date (if applicable): | | | |

REQUIRED DOCUMENTATION

Labs Insurance Card (front and back) Current Medications History/Progress Notes

ICD-10 CODE

K51.80 Ulcerative colitis K51.90 Ulcerative colitis, unspecified, without complications
 K50.90 Crohn's disease, unspecified, without complications K50.00 Crohn's disease of small intestine without complications
 K50.10 Crohn's disease of large intestine without complications Other: _____

PRE-MEDICATION ORDER

| | | | | | | | | |
|--|---------|-------|-----------|---|----------|----------|----|----|
| Acetaminophen (Tylenol) | 500mg | 650mg | 1000mg PO | Diphenhydramine (Benadryl) | 25mg | 50mg | PO | IV |
| Cetirizine (Zyrtec) | 10mg PO | | | Methylprednisolone (Solu-Medrol) | 40mg IV | 125mg IV | | |
| Loratadine (Claritin) | 10mg PO | | | Hydrocortisone (Solu-Cortef) | 100mg IV | | | |
| Other: _____ Dose: _____ Route: _____ Frequency: _____ | | | | | | | | |

MEDICATION ORDER

Entyvio (vedolizumab) **Dose** 300mg IV over 30 min **Frequency:** week 0, 2, 6 and then every 8 weeks thereafter every 8 weeks

PROVIDER INFORMATION

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

SPECIAL INSTRUCTIONS

Provider Name **Provider Signature** **Date** **Check here if this is a stat order**

Order is valid for 1 year from date of signature and refills will be provided to cover the duration of treatment unless otherwise indicated.