

**ENTYVIO (VEDOLIZUMAB)
INFUSION ORDERS**

****REQUIRED INFORMATION****

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs & Tests** supporting primary diagnosis
- Required Labs:** TB Test & Baseline Liver Enzymes

Patient Name:	DOB:
Allergies:	Patient Phone:

J Code: J3380

Diagnosis:

- Crohn's Disease _____
- Ulcerative Colitis _____

Labs:

Required labs to be drawn by: Infusion Clinic Referring Physician

ENTYVIO ORDERS

Entyvio Dose: <input type="checkbox"/> 300mg IV to be infused over 30 minutes
Frequency: <input type="checkbox"/> 0,2,6 then Every 8 weeks or <input type="checkbox"/> Every _____ weeks
TB: <input type="checkbox"/> TB Test Attached
TB Protocol: Baseline testing: Quantiferon Gold (QFT Gold) or PPD.
Required Lab: Baseline Liver Enzymes (within 6 months, preferably)
**Date of last <input type="checkbox"/> Remicade <input type="checkbox"/> Humira <input type="checkbox"/> Stelara <input type="checkbox"/> Other: _____ dose: _____

Additional Instructions:

Physician Name:	Phone:	Fax:
**Physician Signature:	Date:	