

Princeton / Somerset New Jersey  
49 Veronica Avenue  
Suite 202  
Somerset, NJ 08873

Long Branch  
422 Morris Avenue  
Suite 7  
Long branch, NJ 07740

Marlton  
127 Church Road  
Suite 600  
Marlton, NJ 08053



(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 \_\_\_\_\_