



Houssam Al Kharrat  
Gastroenterology

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South Plains  
Infusion

# ENTYVIO (Vedolizumab) Infusion orders

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

M  F

Phone #1 : \_\_\_\_\_ (H/W/C)

Phone #2: \_\_\_\_\_ (H/W/C)

Diagnosis: Please provide ICD-10 code

\_\_\_\_\_ Ulcerative colitis

\_\_\_\_\_ (other)

\_\_\_\_\_ 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)

## ENTYVIO ORDERS

### DOSAGE

300mg IV

### PATIENT WEIGHT

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

\_\_\_\_\_ kg

### FREQUENCY

Dose at weeks 0, 2, and 6, then every 8 weeks

Dose every \_\_\_\_\_ weeks

## NOTES

\_\_\_\_\_

## ORDERING PROVIDER

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

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

Please FAX:  Medication Order  Demographics  Clinicals  Labs  X-Rays  
to 1-806-302-1241 (must dial "1")