



5115 80th Street, Lubbock, TX 79424



Tel (806) 788-4368, Fax (806) 302-1241

ENTYVIO (Vedolizumab) Infusion orders

Name: _____ DOB: _____ M O F O

Phone #1 : _____ (H/W/C) Phone : _____ (H/W/C)

Diagnosis: Please provide ICD-10 code

- _____ Crohn's Disease
- _____ Ulcerative Colitis
- _____ (other)

Pre Medication:

- Tylenol 1000 mg PO
- Diphenhydramine 25 mg PO
- Diphenhydramine 25 IVP
- Solu-Medrol 125mg IVP
- Solu-Medrol 100mg IVP
- _____ (other)

ENTYVIO ORDERS

DOSAGE/ Frequency

300 mg IV Dose at weeks 0, 2, and 6 then every 8 weeks after

Dose every _____ weeks

_____ (other)

PATIENT WEIGHT
_____ lbs
_____ kg

Needed documents:

- Recent Office notes (along with any therapies tried and outcomes)
- Current Medication List History, Physical Report (w/in past 6 months)
- Lab Results, Demographic Sheet, Insurance Cards (front and back)

ORDERING PROVIDER

Signature _____ Date _____

Provider _____ Phone _____ Fax _____

Please **FAX** form and documents needed to **1-806-302-1241 (dial "1")**