

Date: _____ Treatment Location: _____

PROVIDERS: Please include the following to expedite the order.

Please fax a copy or upload into portal the following patient information:

| | | |
|-------------------------------------|--|-------------------|
| Most Recent Demographics | Insurance Info | Current CBC & CMP |
| Recent H&P Relevant to Diagnosis | Current Medication List | |
| Recent TB Results (within the year) | Colonoscopy/Pathology (GI only) | |
| Tried & failed medications: | <input type="checkbox"/> TNF Blocker (ie, Humira, Cimzia, or Remicade) <input type="checkbox"/> Immunomodulator <input type="checkbox"/> Corticosteroids | |

PATIENT INFORMATION

Patient Name: _____

Patient Contact Number: _____

DOB: _____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: Crohn's ICD 10 Code- K50.9
 Ulcerative Colitis ICD 10 Code- K51

PRESCRIBER INFORMATION

Prescriber's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

The following medications will be administered per prescribing information:

No Premeds Typically Indicated

Center will use Hypersensitivity protocol established by Infusion for Health and P.I.

ENTYVIO DOSAGE

300 mg / 250 mL 0.9% NS Frequency: Flush with 30ml's NS

Initial dose at 0, 2, 6 weeks, then q 8 weeks

Route: IV

To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.

Lab Orders: List: _____

Prior to first appointment Other Frequency: _____

Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.