FAX: 203-724-4838

CIVIC INFUSION

249 Danbury Road, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

(vedolizumab)

# ENTYVIO infusion orders

Patient Name _____ DOB _____

Phone _____ M ○ F ○

## DIAGNOSIS *Please provide ICD-10 code*

☐ _____ Ulcerative Colitis

☐ _____ Crohn's Disease

☐ _____ _____ *(other)*

## 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 _____