CIVIC INFUSION

FAX: 203-724-4838

(vedolizumab)

249 Danbury Rd, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

127 Washington Ave, N. Haven, CT 06473

220 Farmington Ave, Farmington, CT 06032

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

FREQUENCY

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

○ Dose every _____ weeks

PATIENT WEIGHT

_____ lbs.

_____ kg

HEIGHT _____ ft _____ in

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____