

(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

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

(other)

(other)

ENTYVIO ORDERS

DOSAGE	PATIENT WEIGHT
300mg IV	lbs.
FREQUENCY	kg
Dose at weeks 0,2, and 6, then every 8 weeks	
Dose every _____ weeks	

NOTES

ORDERING PROVIDER

Signature X Date

Provider

Phone

Fax

Please return by fax to: (806) 503-2200 or email to: referrals@icareama.com.