



Clearwater: Phone: 727.977.9717 | Fax: 727.977.9717
Tampa: Phone: 813.775.9997 | Fax: 813.775.9997
Email: intake@sageinfusion.com | Online: www.sageinfusion.com

(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

<p>DOSAGE</p> <p><input checked="" type="radio"/> 300mg IV</p> <p>FREQUENCY</p> <p><input type="radio"/> Dose at weeks 0, 2, and 6, then every 8 weeks</p> <p><input type="radio"/> Dose every _____ weeks</p>	<p>PATIENT WEIGHT</p> <p>_____ lbs.</p> <p>_____ kg</p>
--	--

NOTES

ORDERING PROVIDER

Signature **X** _____ Date _____