



Fax Referrals To: (855) 891-2191  
 Email Referrals To: [referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com)  
 Have a Question? (855) 478-1528

ENTYVIO® (VEDOLIZUMAB) REFERRAL  
 (\* - Required Fields)

**STAT REQUEST**  
 (\*REASON MUST BE PROVIDED BELOW)

<b>New Referral</b>	<b>Referral Renewal</b>	<b>Medication/Treatment Change</b>
<b>Benefits Verification Only</b>		<b>Discontinuation Order</b>
<b>PATIENT INFORMATION</b>		
NAME*:		DOB*:
ADDRESS:		SEX: <input type="checkbox"/> M <input type="checkbox"/> F
WEIGHT: LBS   KG	HEIGHT:	EMAIL:
ALLERGIES:		
<b>PHYSICIAN INFORMATION</b>		
PHYSICIAN NAME*:		PRACTICE NAME:
ADDRESS:		OFFICE CONTACT*:
PHONE:	FAX:	EMAIL (FOR UPDATES):
ENTYVIO Infusion*: <i>(SELECT ONE OF THE FOLLOWING)</i>		ICD-10*: <i>(required &amp; specific as possible)</i>
<p>Initial/Reloading Dosing and then Maintenance Dosing: 300mg IV on weeks 0, 2, 6 weeks and then every ____ weeks</p> <p>Maintenance Dosing: 300mg IV every ____ weeks</p>		
Physician Signature* _____		Date*(Referral Valid for One Year) _____
*NPI # _____		<i>Infusion will be administered per VIVO policy and protocols</i>
<b>ICD-10 Description:</b>	<b>REQUIRED DOCUMENTATION CHECKLIST:</b>	
<p>*STAT REASON:            (STAT requests will be assessed per VIVO policy and protocols)</p> <p>Last Infusion/Injection Date: _____</p>	Patient Demographics Insurance Card/Information Clinical/ Progress Notes supporting DX Current Medication List and H&P	
	STANDING LAB REQUEST (to be drawn by clinic):      CMP      CBC *Frequency _____	
Additional comments/notes:		

**Locations:**

- Colorado-----  
 \_\_\_ Lakewood
- Florida-----  
 \_\_\_ Jacksonville  
 \_\_\_ Kissimmee  
 \_\_\_ Port St. Lucie  
 \_\_\_ Suncoast  
 \_\_\_ Winter Park
- Ohio-----  
 \_\_\_ Beachwood  
 \_\_\_ Middleburg Hts.  
 \_\_\_ Painesville  
 \_\_\_ Youngstown  
 \_\_\_ Westlake  
 \_\_\_ Fairlawn
- Oklahoma-----  
 \_\_\_ Tulsa
- Texas-----  
 \_\_\_ Arlington  
 \_\_\_ Cedar Hill  
 \_\_\_ Dallas  
 \_\_\_ Denton  
 \_\_\_ Ft. Worth  
 \_\_\_ Irving  
 \_\_\_ Rockwall  
 \_\_\_ Southlake  
 \_\_\_ Flower Mound  
 \_\_\_ Plano  
 \_\_\_ Tyler