



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

REMICADE, RENFLEXIS, INFLECTRA,
 AVSOLA (INFLIXIMAB) REFERRAL
 (* - Required Fields)

STAT REQUEST
 (*REASON MUST BE PROVIDED BELOW)

| New Referral | Referral Renewal | Medication/Treatment Change |
|---|--|---|
| Benefits Verification Only | | Discontinuation Order |
| PATIENT INFORMATION | | |
| NAME*: | | DOB*: SEX: M F |
| ADDRESS: | | PHONE: |
| WEIGHT: LBS KG | HEIGHT: | EMAIL: |
| ALLERGIES: | | |
| PHYSICIAN INFORMATION | | |
| PHYSICIAN NAME*: | | PRACTICE NAME: |
| ADDRESS: | | OFFICE CONTACT*: |
| PHONE: | FAX: | EMAIL (FOR UPDATES): |
| INFLIXIMAB Infusion*: <i>(SELECT ONE OF THE FOLLOWING)</i> | | ICD-10*: <i>(required & specific as possible)</i> |
| Initial/Reloading and then Maintenance Dose ____ mg/kg IV on day 0, 2, 6 weeks and every ____ weeks | | |
| Maintenance Dosing: ____ mg/kg IV every ____ weeks | | |
| Physician Signature* _____ | | Date*(Referral Valid for One Year) _____ |
| *NPI # _____ | | <i>Infusion will be administered per VIVO policy and protocols</i> |
| ICD-10 Description: | REQUIRED DOCUMENTATION CHECKLIST: | |
| <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 Progress Notes Supporting DX Current Medication List and H&P TB (w/in 6 months)-if positive, need negative chest Xray and negative TSpot Hep B Core (if available) Hep B Surface Antigen (within 36 months) Due to insurance limitations, biosimilars (Renflexis, Inflectra, Avsola) may be preferred. Please check box if okay to use a biosimilar. | |
| 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