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

# INFLECTRA® (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)*: |

INFLECTRA Infusion*:
*(SELECT **ONE** OF THE FOLLOWING)*

**ICD-10*:** ______________________
(required & specific as possible)

**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 #**______________________

*Infusion will be administered per VIVO policy and protocols*

### ICD-10 Description:

***STAT REASON:**
(STAT requests will be assessed per VIVO policy and protocols)

**Last Infusion/Injection Date:** ______________________

### REQUIRED DOCUMENTATION CHECKLIST:

- 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)*

**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

REVISION DATE- 5/2022