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

CIMZIA® (CERTOLIZUMAB PEGOL) 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)*:

CIMZIA INJECTION*:
*(SELECT **ONE** OF THE FOLLOWING)*

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

☐ **Initial/Reloading Dosing and Maintenance Dosing:**
_____mg injection on day 0, 2, 4 weeks and every _____ weeks

☐ **Maintenance Dosing: _____mg injection 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 ON CHECKLIST

- ☐ Patient Demographics
- ☐ Insurance Card/Information Clinical/ Progress Notes supporting DX Current
- ☐ Medication List and H&P HepB Core (if available)
- ☐ HepB Surf Ag (w/in 36 months)
- ☐ TB Results (w/in 6 months)-*if positive, need negative chest Xray and negative TSpot*

STANDING LAB REQUEST (to be drawn by clinic): ☐ CMP ☐ CBC *Frequency _____

Additional information needed/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