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

BENLYSTA® (BELIMUMAB) 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)*:

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

ICD-10*: ______________________________

Initial/Reloading Dosing and then Maintenance Dosing: 10mg/kg IV on day 0, 2, 4 weeks and then every 4 weeks

Maintenance Dosing Only: 10mg/kg IV every 4 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
- ANA (SLE)

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
Dayton
Canton

-------Oklahoma-------

Tulsa

---------Texas---------

Arlington
Cedar Hill
Dallas
Denton
Ft. Worth
Irving
Rockwall
Southlake
Flower Mound
Plano
Tyler

REVISION DATE- 10/2022