VIVO infusion

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*: _____

☐ **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*:
*(SELECT **ONE** OF THE FOLLOWING)*

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

☐ Infuse infliximab OR infliximab biosimilar as required by patient's insurance
**Preferred product to be determined after benefits investigation

☐ Do not substitute. Infuse the following infliximab product: _____

Dose: _____ mg/kg

OR

_____ mg

Frequency:

☐ 0, 2, 6 weeks, then every 8 weeks (initial start) x1 year
☐ Every _____ weeks (maintenance dose) x1 year
☐ Other _____

Physician Signature* * _____

Date*(Referral Valid for One Year) _____

NPI # _____

Infusion will be administered per VIVO policy and protocols

REQUIRED DOCUMENTATION CHECKLIST:

☐ Patient Demographics ☐ Insurance Card/Information ☐ Progress notes supporting DX
☐ Current Medication List with H&P ☐ Hep B Surface Antigen (within 36 months) ☐ Hep B Core (if available)

Last Infusion/Injection Date: _____

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