



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

OPDUALAG (nivolumab and relatimib-rmbw) REFERRAL  
 (\* - Required Fields)

**STAT REQUEST**  
 (\*REASON MUST BE PROVIDED BELOW)

New Referral	Referral Renewal	Medication/Treatment Change
Benefits Verification Only		Discontinuation Order
<b>PATIENT INFORMATION</b>		
NAME*:		DOB*:
ADDRESS:		SEX: <input type="checkbox"/> M <input type="checkbox"/> F
WEIGHT: LBS   KG	HEIGHT:	EMAIL:
ALLERGIES:		
<b>PHYSICIAN INFORMATION</b>		
PHYSICIAN NAME*:		PRACTICE NAME:
ADDRESS:		OFFICE CONTACT*:
PHONE:	FAX:	EMAIL (FOR UPDATES):
OPDUALAG Infusion*: <i>(SELECT ONE OF THE FOLLOWING)</i>		ICD-10*: <i>(required &amp; specific as possible)</i>
480 mg nivolumab and 160 mg relatimab intravenously every 4 weeks		
Physician Signature* _____		Date*(Referral Valid for One Year) _____
*NPI # _____		<i>Infusion will be administered per VIVO policy and protocols</i>
<b>ICD-10 Description:</b>           *STAT REASON: (STAT requests will be assessed per VIVO policy and protocols)	<b>REQUIRED DOCUMENTATION CHECKLIST:</b>  Patient Demographics Insurance Card/Information Progress Notes supporting DX Current Medication List and H&P Complete Metabolic Panel	
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
- Oklahoma-----  
 Tulsa
- Texas-----  
 Arlington  
 Cedar Hill  
 Dallas  
 Denton  
 Ft. Worth  
 Irving  
 Rockwall  
 Southlake  
 Flower Mound  
 Plano  
 Tyler
- REVISION DATE- 9/2022