

Troy Infusion Center
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Troy, OH 45373
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Fax: 937-401-6629



Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
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Entyvio® (Vedolizumab) Order Form
Epic Referral: REF115218

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Induction (Only check if new to Entyvio or restarting therapy):

IV Vedolizumab (Entyvio) 300 mg in 250 mL 0.9% NaCl infused over 30 minutes at weeks 0,2, and 6, followed by maintenance dosing below.

Maintenance:

IV Vedolizumab (Entyvio) 300 mg in 250 mL 0.9% NaCl infused over 30 minutes

Frequency: Every 8 weeks Other _____

Order good for: 6 months 1 year Other duration: _____

Other Orders/Comments: _____

Last date and type of TB test: _____ (fax results with order)

Perform annual TSPOT test at Southview Infusion Center

Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____