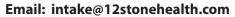
## **TwelveStone Health Partners**

Fax Referral To: (615) 278-3355

Direct Phone: (844) 893-0012





ENTYVIO ORDER FORM								
Date:		ICD-10 Code:				Therapy Status		
Patient Name:		Allergies:				☐ New Start		
Date of Birth:		Weight:	bs OR _	kg		☐ Continuing Therapy:  Last Dose:		
PROVIDER INFORMATION								
Ordering Provider:				Provider Fax:				
Provider NPI:			Provider Address:					
Provider Phone:								
MEDICATION ORDER								
	<u> </u>							
Entyvio	<ul> <li>□ Initation: Administer Entyvio 300mg IV over 30 minutes at 0 and 2.</li> <li>□ Maintenance:</li> <li>□ CD/UC: Week 6 and thereafter administer Entyvio 30 over 30 minutes every 8 weeks per protocol.</li> <li>□ CD/UC: Week 6 and thereafter administer Entyvio 30 over 30 minutes every weeks per protocol.</li> </ul>		00mg IV	Refills for one year from date of signature unless indicated below.		Please include the following lab results required for infusion. If no results are available, the following labs will be drawn prior to first infusion:  V Negative TB Quantiferon Gold or TB Skin Test within the last 12 months.		
PRE-MEDICATIONS								
Oral         □ Acetaminophen:325mg500mg650mg         □ Loratadine: 10mg         □ Cetirizine: 10mg         □ Diphenhydramine:25mg50mg         □ Famotidine:20mg40mg         □ Ibuprofen:200mg400mg600mg         □ Ondansetron:4mg8mg         □ Other:								
LAB ORDERS (please indicate any labs to be drawn and frequency)				OTHER REQUIRED DOCUMENTATION				
**Surveillance lab ordering and monitoring is the responsibility of the prescriber**  By signing below, I certify that the above therapy is med  By signing this form, I am authorizing TwelveStone Health Partners and affiliates to serve as m  to payors with respect to this patient and prescription order. This enrollment  Dispense as Written:			ically necessary. Prescriber's Signature (SIGN BELOW) ny designated agent in submitting prior authorizations and other clinically required information nt form shall serve as my signature for prior authorizations, as requested.  Substitution Allowed:					
Droccribor N	lama	Doto		I Droom	ihar Nan		Data	