

VAIL HEALTH OUTPATIENT ORDERS

322 Beard Creek Rd | Edwards, CO 81632 | Ph: 970.569.7418 | Fax: 970.470.6675

Vail Health includes services of Vail Health Hospital

Vedolizumab (Entyvio) Order Form

ATTACH DEMOGRAPHICS / COPY OF INSURANCE CARD, RECENT OFFICE VISIT NOTES AND LABS

Patient Name:

DOB:

Allergies/Adverse Reactions:

ICD-10:

Diagnosis:

Weight (kg):

☐ New Start

☐ Continuation of therapy:
(date next treatment due: _____)

Labs (to be collected at every infusion unless specified otherwise):

☐ AST/ALT

☐ Other:

Medication: Vedolizumab IV

Dose: ☒ 300 mg in 250 mL NS

Frequency:

☐ Initial phase: Day 1, 15 and day 43

☐ Maintenance: every 8 weeks

Infuse over: 30 minutes

Refills:

☐ One time ☐ One year ☐ Other _____

☒ Treat hypersensitivity reaction per Vail Health
Hypersensitivity Protocol

Provider Signature: _____

Date / Time: _____

PRINTED PROVIDER NAME: _____

Circle: MD / PA / NP

Office Name: _____

NPI: _____

State License: _____

Phone #: _____ **Fax #:** _____

PHO