

----Patient Info----

Name:		Street Address:	
DOB:		City/State/ZIP:	
Primary Phone #:		Email:	
Alternate Phone #:		Height(inches):	Weight: <small>[Specify Lbs/Kgs]</small>
Insurance (primary and secondary)			
Insured Name:		<u>Please send:</u>	
Insured DOB:		-Insurance Card(s) -Medical Records -Previous Therapies -Pertinent Labs	

----Prescription----

<u>DRUG</u>	<u>Dose</u>	<u>Directions</u>	<u>DRUG</u>	<u>Dose</u>	<u>Directions</u>
Entyvio	300 mg	Infuse 300 mg at week 0, 2, 6 and every 8 weeks thereafter	Stelara (Initial)	260-520 mg (IV)	Infuse one time dose based on weight (per mfg guide)
Infliximab	100 mg	Infuse _____ mg/kg at week 0, 2, 6 and every 8 weeks thereafter	Stelara (Maint)	90 mg (INJ) (2) 45 mg vials	Inject 90 mg with nurse support every 8 weeks
Inflectra			Skyrizi (Initial)	600 mg (IV)	Infuse IV dose at week 0, 4 and 8
Remicade			Skyrizi (Maint)	360 mg (INJ)	Inject 360 mg at week 12 and every 8 weeks thereafter
Avsola		Other Directions (specify below)	<u>Other Drug or Alternative Dosing of Above Therapies</u>		
Renflexis					
<u>Site of care:</u>		Private Suite	Home		
<u>Pre-Meds:</u> _____					

----Clinical----

<u>Diagnosis:</u>		<u>ICD-10 Code:</u>	<u>Notes:</u>	
<u>Allergies:</u>		<u>IV Access:</u>	<u>PIV by nurse</u>	<u>PIC Line In Place</u>
<u>Lab Orders:</u>		<u>Prescriber Information</u>		
<u>Frequency</u>				
CBC w/ Diff	_____	Name: _____ NPI: _____		
CMP	_____	Practice: _____		
CRP	_____	Address: _____		
ESR	_____	City/State/ZIP: _____		
Other	_____	Phone: _____ Fax: _____		
_____	_____	Nurse/Contact Name: _____		
_____	_____			

I authorize Vital Care Infusion Services LLC and it's representatives to initiate any insurance prior authorization process that is required for this prescription and for any future refills of the same prescription for the patient listed above which I order. I understand that I can revoke this designation at any time by providing written or electronic notice to Vital Care.

Physician Signature: _____
Date: _____

PRESCRIBER MUST MANUALLY SIGN - STAMP SIGNATURE AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED

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