

Vital Care of Greenville
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GASTRO REFERRAL

----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----

DRUG	Dose	Directions	DRUG	Dose	Directions
Tremfya	Induction	Infuse 200 mg at week 0, 4, 8	Stelara (Initial)	_____ mg (IV)	Infuse one time dose based on weight (per mfg guide)
	Maint	Inject _____ mg every ___ weeks	Stelara (Maint)	90 mg (INJ) (2) 45 mg vials	Inject 90 mg with nurse support every 8 weeks
Infliximab	100 mg	Infuse _____ mg/kg at	Skyrizi (Initial)	_____ mg (IV)	Infuse IV dose at week 0, 4 and 8
Inflectra		week 0, 2, 6 and every 8	Skyrizi (Maint)	360 mg (INJ)	Inject 360 mg at week 12 and every 8 weeks thereafter
Remicade		weeks thereafter	Other Drug or Alternative Dosing of Above Therapies		
Avsola		Other:	_____		
Renflexis			_____		
Entyvio	300 mg	Infuse 300 mg at week 0, 2, 6 and every 8 weeks thereafter	_____		
Site of care:		Private Suite	Home		
Pre-Meds: _____					

----Clinical----

Diagnosis:	ICD-10 Code:	Notes:
Allergies:	IV Access:	PIV PICC Line in Place Port
<u>Lab Orders:</u> CBC w/ Diff _____ CMP _____ CRP _____ ESR _____ Other _____ _____ _____	<u>Frequency</u> _____ _____ _____ _____ _____ _____	<u>Prescriber Information</u> Name: _____ NPI: _____ Practice: _____ Address: _____ City/State/ZIP: _____ 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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