



**GREENVILLE
& SPARTANBURG**



GASTROENTEROLOGY

P: 864.438.2800 FAX: 864.438.2801

GASTROENTEROLOGY

-----PATIENT DEMOGRAPHICS-----

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:		Please send:	
Insured DOB:		-Insurance Card(s) -Medical Records -Previous Therapies -Pertinent Labs	

-----ORDERS-----

*Anaphylaxis and Flush orders per pharmacy protocol

DRUG	Dose & Directions	DRUG	Dose & Directions
Tremfya	Induction INFUSE 200 mg at week 0, 4, 8 Induction INJECT 400 mg at week 0, 4, 8 Maint INJECT: ___mg every ___ weeks	Entyvio (IV)	300 mg (IV) Infuse 300 mg at Week 0, 2, 6 and every 8 weeks thereafter
Infliximab	Infuse ___ mg/kg at week 0, 2, 6; then Q8 weeks Remicade; Inflectra; Renflexis; Avsola	Entyvio (OTHER)	_____
*Infliximab allowed over 1 hour after 3 slow infusions with no side effects		Skyrizi (Crohns)	600 mg (IV) Infuse IV dose at week 0, 4 and 8
Pre-Meds: _____		Skyrizi (UC)	1200 mg (IV) Infuse IV dose at week 0, 4 and 8
		Other Drug or Alternative Dosing of Above Therapies	
		Site of Care:	Private Suite Home

-----CLINICAL-----

Diagnosis:	ICD-10 Code:	Notes:
Allergies:	IV Access:	PIV PICC Line in Place Port
Lab Orders:	Frequency	Prescriber Information
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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