



# eMediateINFUSIONcenter

## GASTROENTEROLOGY

- New Prescription/Referral
- Prescription Refill

# of Refills:

**Rx:**

Patient Name:

DOB:

### ENTYVIO (vedolizumab):

- 300mg IV infusion for 30 mins at  
week 0 [DATE: \_\_\_\_\_], week 2 [DATE: \_\_\_\_\_], week 6 [DATE: \_\_\_\_\_]
- 300mg IV Infusion for 30 mins every 8 weeks [START: \_\_\_\_\_]

### STELARA (ustekinumab):

- Weight < 56 kg: 260mg IV infusion at week 0 [ DATE: \_\_\_\_\_ ]
- Weight: 56 to 85 kg: 390mg IV infusion at week 0 [ DATE: \_\_\_\_\_ ]
- Weight: > 85 kg: 520mg IV infusion at week 0 [ DATE: \_\_\_\_\_ ]
- Inject 90mg SC every 8 weeks [START: \_\_\_\_\_]

### INFLIXIMAB:

- REMICADE
- INFLECTRA
- RENFLEXIS

- 5 mg/kg IV infusion for > 2 hours at  
week 0 [DATE: \_\_\_\_\_], week 2 [DATE: \_\_\_\_\_], week 6 [DATE: \_\_\_\_\_]
- 5 mg/kg IV Infusion for 30 mins every 8 weeks [START: \_\_\_\_\_]
- IV Infusion for 30 mins every 8 weeks [START: \_\_\_\_\_]      10 mg/kg      3 mg/kg

### OTHERS:

### Pre-Medication:

- Solumedrol 125mg IVP
- Solu-Cortef 100mg IVP

- Tylenol \_\_\_\_\_mg PO
- 650mg     975mg

- Benadryl \_\_\_\_\_mg
- 25mg     IV
- 50mg     PO

### ANA Kit Protocol:

- OK to use

- Ulcerative Colitis [K51.90]
- Crohn's Disease [K50.90]

**Dx:**

OTHERS ( Dx + ICD Code 10 ):

Physician Signature

NPI#:

Date: (Valid for 1 year)

By affixing my signature, I confirm the medical necessity of the aforementioned therapy, products, and services, as well as my responsibility for the patient's care. I have obtained consent to disclose the mentioned details and any relevant medical or patient information concerning this treatment. I grant the pharmacy permission to contact the insurance company on my behalf to secure authorization for the patient.

## PHYSICIAN INFORMATION

Physician Name:

CLINIC:

Contact Information:

Phone:

Email:

Fax:

Other:

Office Mailing Address:

Please include the following

- Patient demographics & Insurance attached
- Lab Results
- Clinical progress notes
- Diagnosis (supporting)
- Medication List
- History and Physical
- Other Test Results

501 S. Rancho Dr. Ste i62

Las Vegas, NV, 89106

702.268.8647

725.228.5220