arise infusion
THERAPY SERVICES
A DIVISION OF ARTHRITIS AND RHEUMATISM ASSOCIATES, PC

Fax To: 301-424-3590
Have a Question? Call: 240-514-5000

ENTYVIO (Vedolizumab) ORDER FORM

REFERRAL TYPE

☐ New Referral ☐ Order Renewal ☐ Restart ☐ Frequency Change ☐ Dosage Change

PREFERRED LOCATION

☐ 2730 University Blvd. West | Suite 714 Wheaton, MD 20902	☐ 14995 Shady Grove Road | Suite 250 Rockville, MD 20850	☐ 5454 Wisconsin Avenue | Suite 600 Chevy Chase, MD 20815
☐ 18111 Prince Philip Drive | Suite 323 Olney, MD 20832	☐ 71 Thomas Johnson Drive Frederick, MD 21702	☐ 2021 K Street, NW | Suite 300 Washington, DC 20006
	☐ 8270 Willow Oaks Drive| Suite 150 Fairfax, VA 22031	

PATIENT INFORMATION

Name:	DOB:	Email:
Address:	Weight: KG LBS	Phone:

REFERRING PHYSICIAN INFORMATION

Name:	NPI:	
Office Contact Name:	Phone:	Fax:
Address:		

ENTYVIO ORDER

We do not accept off-label diagnoses, dosages, or frequencies.

Dosing/Frequency:

☐ Initial/Reload: 300mg IV at 0, 2, 6 weeks, and then a maintenance dose of every _______weeks

☐ Maintenance: 300mg IV every _______weeks

Diagnosis:

☐ K50.00—Crohn's disease of small intestine w/o complications
☐ K50.013—Crohn's disease of small intestine with fistula
☐ K50.10—Crohn's disease of large intestine w/o complications
☐ K50.113—Crohn's disease of large intestine with fistula
☐ K50.80—Crohn's disease of both small and large intestine w/o complications
☐ K50.90—Crohn's disease, unspecified, w/o complications
☐ K51.00—Ulcerative (chronic) pancolitis w/o complications
☐ K51.018—Ulcerative (chronic) pancolitis with other complication
☐ K51.30—Ulcerative (chronic) rectosigmoiditis w/o complications
☐ K51.80—Other ulcerative colitis w/o complications
☐ K51.90—Ulcerative colitis, unspecified, w/o complications

☐ Other Diagnosis: ICD-10 Code (Required):

Special Instructions:

Physicians Signature:	Date: ***(Order is Valid for One Year)***

REQUIRED DOCUMENTATION

Please fax the following documents and records:

- Patient Demographics
- Two most recent office notes (Supporting the DX and treatment ordered)
- Most recent labs that include values for:
  - CMP and CBC, TB screening (PPD, QFT Gold or TSpot)
- Copy of the patient's insurance card(s) – front and back
- Medication History
- For continuation of treatment, include the last infusion note

We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.