

# Entyvio® Referral Form

PATIENT INFORMATION (Complete or fax existing chart)			PRESCRIBER INFORMATION		
Patient Name:			Prescriber Name:		
Address:			State License:	NPI#:	
City, State, Zip:			DEA:	Phone:	
Phone:		2 <sup>nd</sup> Phone:	Address:	Fax:	
DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		City, State, Zip:		
Weight:	Ht:	Allergies:	Contact Person:	Phone:	
INSURANCE INFORMATION: Copy and attach the front and back of insurance and prescription card(s)					
Primary Insurance:			RX Card (PBM):		
City, State, Zip:			BIN:	PCN:	
Plan#	Group#		City, State, Zip:		
Phone:			Plan#	Group#	
DIAGNOSIS INFORMATION					
<b>Diagnosis Information:</b>					
<input type="checkbox"/> Moderately to severe active Ulcerative Colitis: ICD-10 Code(s) _____					
<input type="checkbox"/> Moderately to severe active Crohn's Disease: ICD-10 Code(s) _____					
<input type="checkbox"/> Other Diagnosis: ICD-10 Code(s) _____					
DOSING					
<input type="checkbox"/> Induction Dosing: 300mg infused over approximately 30 minutes at zero, two and six weeks					
<input type="checkbox"/> Maintenance Dosing: 300mg infused over approximately 30 minutes every 8 weeks following induction dosing					
<input type="checkbox"/> Other Dosing: _____					
<input type="checkbox"/> _____ # of refills (This prescription is valid for 12 months from date of signature unless otherwise noted)					
SIGNATURE					
x (Product Substitution Permitted)			Date:		

Important Information: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the material. In no event should such material be read by anyone other than the named addressee, except by express authority of the sender to the named addressee.