



(vedolizumab)

ENTYVIO infusion orders

Patient Name
Phone

DOB
M F

DIAGNOSIS *Please provide ICD-10 code*

Ulcerative Colitis
Crohn's Disease (other)

PRE-MEDICATION

Tylenol 1000mg PO
Diphenhydramine 25mg PO
Cetirizine 10mg PO

Solu-Medrol 125mg IVP
Solu-Cortef 100mg IVP
Diphenhydramine 25mg IVP

(other) *(other)*

ENTYVIO ORDERS

DOSAGE	PATIENT WEIGHT
300mg IV	lbs.
FREQUENCY	kg
Dose at weeks 0,2, and 6, then every 8 weeks	
Dose every _____ weeks	

NOTES

ORDERING PROVIDER

Signature X Date

Provider Phone Fax