

OPDIVO/YERVOY® (nivolumab) Referral Form



Patient Preferred Clinic (select one):

PATIENT INFORMATION

Referral Status:

New Referral

Updated Order

Order Renewal

DOB:	Patient Name:	Patient Phone:	
Patient Address:		Patient Email:	
NKDA Allergies:	Weight (lbs/kg):	Height:	
ICD-10 code (required):	ICD-10 description:	Last Treatment Date:	Last 4 SSN:

PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

NURSING

Infusion to be administered per Vivo protocols.

OPDIVO & YERVOY THERAPY ADMINISTRATION

Please enter dose and frequency:

LABORATORY ORDERS

CBC At each dose Every _____
 CMP At each dose Every _____
 CRP At each dose Every _____
 OTHER _____

Pregnancy screening will be performed at each appointment per Vivo protocol

PREMEDICATIONS

acetaminophen (Tylenol) 500 mg 650 mg 1000 mg PO
 cetirizine (Zyrtec) 10mg PO
 loratadine (Claritin) 10mg PO
 diphenhydramine (Benadryl) 25 mg 50 mg PO IV
 methylprednisolone (Solu-Medrol) 40mg 125mg IV
 hydrocortisone (Solu-Cortef) 100mg IV
 Other: _____
 Dose: _____ Route: _____

REQUIRED DOCUMENTATION

- Patient Demographics**
- Insurance Card/Information**
- Progress Notes Supporting DX**
- Current Medication List and H&P**
- Complete Metabolic Panel**

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. **Order is valid for one year unless otherwise noted**

Provider Name (Print)	Provider Signature	Date
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Fax Numbers			Have a Question? (720) 902-4111 Email Referrals To: referrals@vivoinfusion.com Email Specialty Referrals to: info@specialtyinfusion.com
Virginia: 804-500-5941	Nevada: 702-489-5744	Massachusetts: 800-540-1852	
Colorado: 303-418-4679	New Jersey: 609-955-3711	Pennsylvania: 215-399-9244	
Florida: 904-930-4211	Ohio: 216-400-0674	New York: 800-540-1852	
Texas: 469-340-0044	Oklahoma: 918-770-4421	Connecticut: 203-724-4838	