

VILTEPSO® (viltolarsen) 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.

VILTEPSO THERAPY ADMINISTRATION

LABORATORY ORDERS

CBC at each dose every _____
 CMP at each dose every _____
 CRP at each dose every _____
OTHER _____

80 mg/kg IV every week

Urine dipstick to be performed monthly, cerum cystatin C and urine protein-to-creatinine ratio every three months. Results to be sent to Vivo Infusion.

REQUIRED DOCUMENTATION

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: _____

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Current Medication List and H&P

Serum Cystatin C

Urine Dipstick

Urine Protein-to creatinine ratio

*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

Fax Numbers

Colorado: 303-418-4679

Nevada: 702-489-5744

Oklahoma: 918-770-4421

Connecticut: 203-724-4838

New Jersey: 609-955-3711

Pennsylvania: 215-399-9244

Florida: 904-930-4211

New York: 800-540-1852

Texas: 469-340-0044

Massachusetts: 800-540-1852

Ohio: 216-400-0674

Virginia: 804-500-5941

Have a Question? (720) 902-4111

Email Referrals To: referrals@vivoinfusion.com

**Email Specialty Referrals to:
info@specialtyinfusion.com**

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