

Remicade/Renflexis Referral Form



Preferred Clinic (select one):

PATIENT INFORMATION

Referral Status: New Referral Updated Referral Referral 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 Digits SSN:

PROVIDER INFORMATION

Referral Coordinator Name:		Referral Coordinator Email:	
Ordering Provider:		Provider NPI:	
Referring Practice Name:		Phone:	Fax:
Practice Address:		City:	State: Zip Code:
Physician Preferred Method of Contact:	Email:	Fax:	Phone:

NURSING

Infusion to be administered per Vivo protocols.

LABORATORY ORDERS

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

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: _____				

REMICADE INFUSION:

Infuse **Remicade or Renflexis** as required by patient's insurance.

Do not use Renflexis (subject to prior authorization).

- **Dose:** _____ MG/KG **OR** _____ MG
- **Frequency:** Load Week 0, 2, 6 and then every 8 weeks
 Every 8 weeks Other

Required Documentation

- | | |
|--|---|
| Patient Demographics | Hep B Surface Antigen (within 36 months) |
| Insurance Card /Information | TB (with 12 months) |
| Progress Notes Supporting DX | |
| Current Medication List and H&P | |

*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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Email Referrals To: referrals@vivoinfusion.com OR Fax Below		Have a Question? Call (720) 902-4111	
Colorado: 303-418-4679	Michigan: 833-957-2188	New York: 800-540-1852	Texas: 469-340-0044
Connecticut: 203-724-4838	Minnesota: 763-290-0903	Ohio: 216-400-0674	Virginia: 804-500-5941
Florida: 904-930-4211	Nevada: 702-489-5744	Oklahoma: 918-770-4421	Wisconsin: 414-600-5383
Massachusetts: 781-202-1629	New Jersey: 609-955-3711	Pennsylvania: 215-399-9244	