

Rituximab 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 _____		

RITUXIMAB THERAPY ADMINISTRATION: Many payors require patients start therapy with a rituximab biosimilar. Choose ONE of these two options:

Infuse **Rituximab (Rituxan)** OR **Rituximab biosimilar/generic** as required by patient's insurance.

Do not use biosimilar/generic (subject to prior authorization).

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: _____				

Dose:	1000 mg	375 mg/m2	500 mg
Other: _____			

Frequency:

One time dose
Day 0, repeat dose in 2 weeks, then repeat course every _____ weeks OR _____ months x _____ months
Day 0, repeat dose in 2 weeks
Weekly x 4 weeks
Every 6 months x _____ months
Other _____

REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card /Information

Progress Notes Supporting DX

Current Medication List and H&P

Hep B Surface Antigen (within 36 months)

Hep B Core (if available)

****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	