Remicade/Renflexis Referral Form

Preferred Clinic (select one): _____

☐ New Referral ☐ Updated Referral ☐ Referral Renewal

PATIENT INFORMATION

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:

STANDING ORDERS

☑ Infusion to be administered per Vivo protocols.

LABORATORY ORDERS

- ☐ CBC w/ diff. every _____
- ☐ CMP every _____
- ☐ CRP 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/RENFLEXIS 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**
- ☐ **Insurance Card /Information**
- ☐ **Progress Notes Supporting DX**
- ☐ **Current Medication List and H&P**
- ☐ **Hep B Surface Antigen** (within 36 months)
- ☐ **TB** (with 12 months)

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

Provider Name (Print) **Provider Signature** **Date**

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	

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