Infliximab 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)   500mg   650mg   1000mg PO

cetirizine (Zyrtec) 10mg PO

loratadine (Claritin) 10mg PO

diphenhydramine (Benadryl)   25mg   50mg   PO   IV

methylprednisolone (Solu-Medrol)   40mg   125mg IV

hydrocortisone (Solu-Cortef)   100mg IV

Other: _____

Dose: _____   Route: _____

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions.

INFLIXIMAB INFUSION:

Infuse infliximab product as required by patient's insurance an/or Vivo formulary requirements.

Only use _____ (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	

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	Massachusetts: 781-202-1629	New Jersey: 609-955-3711	Oklahoma: 918-770-4421	Virginia: 804-500-5941
Connecticut: 203-724-4838	Michigan: 833-957-2188	New York: 800-540-1852	Pennsylvania: 215-399-9244	Wisconsin: 414-600-5383
Florida: 904-930-4211	Minnesota: 763-290-0903	Ohio: 216-400-0674	Texas: 469-340-0044	

Order is valid for one year unless otherwise noted.

Revision Date 12/2025