



Prescriber Signature: \_\_\_

ENTIVIO (VEDO		Patient Information		ND PRESCRIPTIO			
Patient Name:				Date:			
DOB:				Height:		☐ inches ☐ cm	
Allergies:				Weight:		□ lbs □ kg	
Primary Diagnosis							
Diagnosis ICD-10 Diagnosis ICD-10							
☐ Adult Ulcerative Colitis (UC)	K51.90	☐ Moderate to Severe Crohn's Disease				K50.01	
Other:	K31.30	Woderate to severe cromms bisease				K30.01	
IV Regimen							
Ancillary Orders							
Pre-medications:  ☐ Diphenhydramine: 25mg PO 30 min pre-infusion ☐ Acetaminophen: 650mg PO 30 min pre-infusion ☐ Famotidine: 20 mg PO x1 dose ☐ Other pre-meds: ☐ Refill x one year			IV Flush Orders:  □ Peripheral: NS 1-3 mL before/after use □ Implanted VAD: NS 5 to 10 mL before/after use and 10 mL post-lab draw. Heparin (100 unit/mL) 3 to 5 mL final flush □ CVAD: NS 5 to 10 mL before/after use and 10 mL post-lab draw Heparin (10 units/mL) 3 to 5 mL final flush □ Refill x one year				
☐ Anaphylaxis Protocol: Epinephrine Auto-Injector dual pack: Adult: 0.3mg Children: 0.15 mg Administer epinephrine IM in the event of anaphylaxis. May repeat x 1 as needed, Call 911. Refill x 1yr							
Therapy Specific Documentation			Other Required Documentation				
Please include the following lab results required for infusion.  CDAI Index Score QuantiFERON-TB Gold Hep B Screening CMP, CBC and LFTs Other:			<ul> <li>□ Patient Demographics – include insurance information. We will obtain authorization unless the insurance dictates otherwise.</li> <li>□ H&amp;P OR progress note(s)</li> <li>□ Medication List (include prior/failed DMARDS, biologics, or steroid use)</li> </ul>				
Provider Information							
Provider Name:			Pr	Provider Phone:			
Provider NPI:			Provider Fax:				
Provider Address:							
authorize KabaFusion and its representatives to act as an agent and initiate and execute any insurance prior authorization process for this prescription and any future refills of the same prescription for the patient listed above. I understand that I can revoke this designation at any time by providing written notice to KabaFusion.							

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Date: \_\_\_