



Vedolizumab (Entyvio®)

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes.
Trinity Health will obtain any necessary medication authorizations for patients receiving infusion therapies

Order Date: _____

Referral Status: [] New Referral [] Dose or Frequency Change [] Renewal

Form containing patient information, insurance details, diagnosis, lab orders, pre-medications, hold and notify provider instructions, medication orders (Vedolizumab 300 mg/250 mL), nursing orders, and provider signature fields.