



OAOC
INFUSION CENTER



KIRKLAND
SPECIALTY INFUSION CENTER

Infusion Site: ☐ OAOC Infusion Center ☐ Kirkland Specialty Infusions

Entyvio ® | (vedolizumab)

Please fax a copy of the following patient information:



☐ Demographics ☐ Insurance information ☐ Current Lab Results ☐ H&P ☐ Current Medication

Patient Information



Patient Name: _____ DOB: _____

Allergies: _____ Weight: _____ lbs/kg Height: _____

Diagnosis/ ICD-10:

☐ Ulcerative colitis, unspecified / K51.90

☐ Crohn's Disease, unspecified / K50.919

☐ Other (please specify) _____

Additional information: _____

Provider Information



Printed Provider's Name: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Medication Information



Dose: _____ Frequency and Duration: _____

Start Date of Infusion: _____ End Date of Infusion: _____

Other Orders or Special Instructions: _____

OAOC INFUSION CENTER

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Phone: (425) 453-0766 ext 105

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Email: infusion@overlakearthritis.com

KIRKLAND SPECIALTY INFUSION

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