NEW ENGLAND
Cancer Specialists

Infusion Center

Entyvio (Vedolizumab) Order Form—J3380

Patient Name	Middle	Last	DOB

Diagnosis	Diagnosis Code

Height (cm)	Actual Weight (kg)	Allergies

Please list any premeds needed.

Required labs: prior to treatment TB screening and LFTs prior to therapy at 6 months then as clinically indicated

Entyvio (Vedolizumab): Crohn's disease or ulcerative colitis: IV: 300 mg at 0, 2, and 6 weeks and then every 8 weeks thereafter. *Please check all that apply*

Dose 300mg: ◯ Initial ◯ Week 2 ◯ Week 6 Maintenance: ◯ 300mg every 8 weeks

Orders valid through: _____

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name			Provider Signature
Date	Phone	Fax	Pager

May 11, 2026