## Richmond

7110 Forest Ave, Suite 203 Richmond, VA 23226



## **Prince George**

2025 Waterside Rd, Suite 100B Prince George, VA 23875

## Physician Order - Rebyota (Fecal Microbiota, Live-jslm)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Phone Number:
Patient Weight: kg or lb	Patient Height: in
REFERRAL STATUS	
☐ New Referral ☐ Dose/Freque	ncy Change
Location	
☐ Prince George Location ONLY	
DIAGNOSIS ANI	D ICD-10 CODE
Enterocolitis due to Clostirdium Difficile, recurrent	A04.71
Other Diagnosis:	ICD10
REQUIRED DOCUMENTATION (must include)	
☐ This signed order form by the provider	☐ Clinical/Progress Notes
☐ Patient Demographics AND Insurance Information	☐ Labs and Tests Supporting Primary Dx
Documentation of recurrent CDI diagnosis, including:	
Number of previous episodes: AND Date	s of previous episodes:
List Tried & Failed Therapies, including duration of treatment	
1) 3)	
2) 4)	
MEDICATION ORDERS	
Rebyota 150mg rectally via gravity x 1 dose, 24 to 72 hours after last dose of antibacterial drug therapy for CDI	
☐ Patient is actively on an antibacterial drug therapy (select one) ☐ Vancomycin ☐ Dificid ☐ Other:	
Date Started therapy: Anticipated Stop Date:	
☐ By checking this box, the ordering provider agrees to allow Infu	sion Solutions Clinical Staff to coordinate timing of last dose of
antibacterial drug therapy with the administration of Rebyota. If not checked, patient will be scheduled 24-72 hours from above listed	
anticipated stop date.	
OPTIONAL PREMEDICATIONS and LAB ORDERS	
☐ Acetaminophen 650mg PO prior to rectal suspension	
☐ Diphenhydramine 25mg PO prior to rectal suspension	
☐ Ondansetron 4mg PO prior to rectal suspension	
☐ Other PreMed or Lab Order with frequency:	
In the event of an infusion reaction or adverse event, our covering physician will be notified and appropriate medical care will be administered.	
PRESCRIBER INFORMATION	
Prescriber Name: NPI:	Contact:
Phone: Fax:	Email:
Prescriber Signature:	Date:

Contact us with questions at: 804-442-3558 or email referrals@theinfusionsolution.com

Fax completed form and ALL required documentation to 804-554-5848 All information contained in this form is strictly confidential and will become part of the patient's record.