



Infusion for Health
77 Rolling Oaks Drive, Suite 201
Thousand Oaks, CA 91361
Phone: 805-719-3700 Fax: 805-852-2636

OCREVUS INFUSION ORDER

**Please fax a copy of patient's current lab results, medication list, and recent office notes.

Date: ___/___/___

Patient Name: _____ DOB: ___/___/___

Allergies: _____ Wt: _____ lbs / kg Ht: _____

Diagnosis: _____ ICD-10: _____

- PRE-MEDICATIONS: Benadryl, Solu-Medrol, Benadryl, Acetaminophen, Normal saline bolus with various dosage and route options (IV, PO, mg, mL, PRN, Pre-med).

Ocrevus IV Maintenance Dosage:
600 mg in 500 mL 0.9% Normal Saline every 6 months

Printed Provider's Name: _____ NPI: _____

Provider's Signature: _____ Date: ___/___/___

Office phone number: _____ Office Fax: _____

Office address: _____ Contact person: _____