



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

TYSABRI ORDER
(Natalizumab)

\*Please fax a copy of patient's demographics, insurance information, current lab results, H&P relevant to the diagnosis, and list of current medications

Date: \_\_\_/\_\_\_/\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Allergies: \_\_\_\_\_ Wt: \_\_\_\_\_ lbs / kg Ht: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

PRE-MEDICATIONS: (Usually not indicated)

Benadryl [ ] PO [ ] IV [ ] 25mg [ ] 50mg [ ] Pre-med [ ] PRN
Acetaminophen [ ] PO [ ] 650mg [ ] Pre-med [ ] PRN

Tysabri (Natalizumab) IV Dosage:
300 mg IV every 4 weeks
Other: \_\_\_\_\_ Duration: \_\_\_\_\_
\*Must be enrolled and authorized in the Tysabri Touch program

Printed Provider's Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Office phone number: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office address: \_\_\_\_\_ Contact person: \_\_\_\_\_