

Date: _____

Treatment Location: _____

PROVIDERS: Please include the following to expedite the order.

Most Recent Office Visit Note, Medication List, Insurance Info, MRI result
Labs (include quantitative serum immunoglobulins), Negative Hep B Results

PATIENT INFORMATION

PRESCRIBER INFORMATION

Patient Name: _____

Prescriber's Name: _____

Patient Contact Number: _____

Signature: _____

DOB: _____

NPI: _____ Date: _____

Allergies: _____

Phone: _____ Fax: _____

Weight: _____ lbs / kg Height: _____

Office Address: _____

Diagnosis: G35

Contact Person: _____

Other Dx/ICD10: _____

Contact Email: _____

The following medications will be administered per prescribing information:

Center will use Hypersensitivity protocol established by Infusion for Health and P.I.

Diphenhydramine 25mg 50mg PO IV Other _____ N/A

Acetaminophen 325mg 500mg 650mg PO Other _____ N/A

Methylprednisolone 40mg 125mg IV Other _____ N/A

Pre-medicate with 100mg of Methylprednisolone

Additional:

Normal Saline Bolus 250mL 500mL IV Other _____ N/A

OCREVUS DOSAGE

Date of Last Treatment, If Continuation: _____

OCREVUS IV Loading Dosage: 300 mg in 250 mL 0.9% Sodium Chloride on Day 1 and Day 15

OCREVUS IV Maintenance Dosage: 600mg in 500 mL 0.9% Sodium Chloride q 6 months

To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.

Lab Orders: List: _____

Prior to first appointment Other Frequency: _____

Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.