Tysabri

INFUSION FOR HEALTH
InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: _____ Treatment Location: _____

PROVIDERS: Please include the following to expedite the order.
Most Recent Office Visit Note, Insurance Information, Medication List, and CBC, CMP, JVC Virus Results
Tried and Failed Medications:

PATIENT INFORMATION

Patient Name: _____

DOB: _____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: G35, K50.90

Other Dx/ICD10: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

The following medications will be administered per prescribing information:

Additional: No Premeds

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

NATALIZUMAB (TYSABRI)

Date of Last Treatment, If Continuation:

Dose: 300 mg/15mL (20 mg/mL) solution in a single-dose vial for dilution **Route**: ☑ IV

Frequency: Every 4 weeks **Start Date:** _____

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: ☐ Obtain Liver Function Panel prior to infusion

☐ Other labs: _____ ☐ 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.