

### REFERRAL STATUS

- NEW REFERRAL     
  DOSE/FREQUENCY CHANGE     
  ORDER RENEWAL

### PATIENT INFORMATION

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_

WEIGHT: \_\_\_\_\_ LBS      HEIGHT: \_\_\_\_\_ IN

**\*PLEASE ATTACH DEMOGRAPHICS, CLINICALS, AND LABS\***

### PROVIDER INFORMATION

NAME: \_\_\_\_\_

NPI: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_      REFILLS: \_\_\_\_\_

**\*ALL ORDERS ARE VALID FOR ONE YEAR, UNLESS SPECIFIED\***

### MEDICAL INFORMATION (REQUIRED)

- UPLIZNA/ENSPRYNG: HEPATITIS B SURF ANTIGEN/CORE AB TOTAL , NEGATIVE TB TEST/CXR, SERUM IG, AQP4+ ANTIBODY  
 SOLIRIS: AQP4+ ANTIBODY

### MEDICATION ORDERS

- UPLIZNA 300MG IV ON WEEK 0 AND WEEK 2  
 UPLIZNA 300MG IV EVERY 6 MONTHS  
     \*PRE-MED: SOLUMEDROL 100MG IV, BENADRYL 25MG PO, TYLENOL 650MG PO  
 SOLIRIS 900MG IV WEEKLY FOR THE FIRST 4 WEEKS, FOLLOWED BY 1200MG IV ONE WEEK LATER, THEN 1200MG IV EVERY 2 WEEKS THEREAFTER  
 SOLIRIS 1200MG IV EVERY 2 WEEKS  
 ENSPRYNG 120MG SQ ON WEEK 0, WEEK 2, WEEK 4, THEN EVERY 4 WEEKS THEREAFTER  
 ENSPRYNG 120MG SQ EVERY 4 WEEKS  
 SOLUMEDROL 1GM IV DAILY FOR \_\_\_\_\_ DAYS  
      PERIPHERAL IV MAY BE LEFT IN UNTIL TREATMENT IS COMPLETED

### DIAGNOSIS

- G36.0 NEUROMYELITIS OPTICA

### PRE-MEDICATIONS

BENADRYL IV \_\_\_\_\_ MG  
 REGLAN IV \_\_\_\_\_ MG  
 SOLUMEDROL IV \_\_\_\_\_ MG  
 ZOFRAN IV \_\_\_\_\_ MG  
 OTHER IV \_\_\_\_\_ MG

BENADRYL PO \_\_\_\_\_ MG  
 TYLENOL PO \_\_\_\_\_ MG  
 ZYRTEC PO \_\_\_\_\_ MG  
 ZOFRAN PO \_\_\_\_\_ MG  
 ZANTAC PO \_\_\_\_\_ MG  
 OTHER PO \_\_\_\_\_ MG