

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)

- OCREVUS: HEPATITIS B SURF ANTIGEN/CORE AB TOTAL , MRI RESULTS
 VILTEPSO: SERUM CYSTATIN C, URINE DIPSTICK, URINE PROTEIN TO CREATININE RATIO
 TYSABRI: JCV ANTIBODY, LAST MRI RESULTS
 RADICAVA: LAST EMG
 KESIMPTA: HEPATITIS B SURF ANTIGEN/CORE AB TOTAL

MEDICATION ORDERS

- TYSABRI 300MG IV EVERY 4 WEEKS
 *PRE-MED: TYLENOL 1000MG PO, BENADRYL 25MGPO
- OCREVUS 300MG IV AT WEEK 0 AND WEEK 2
 OCREVUS 600MG IV EVERY 6 MONTHS, FOR A TOTAL OF 2 INFUSIONS
 *PRE-MED: SOLUMEDROL 100MG IV, BENADRYL 25MG PO, TYLENOL 500MG PO
- SOLUMEDROL 1GM IV DAILY FOR _____ DAYS
 PERIPHERAL IV MAY BE LEFT IN UNTIL TREATMENT IS COMPLETED
- KESIMPTA 20MG SQ AT WEEKS 0, 1 AND 2
 KESIMPTA 20MG SQ MONTHLY (BEGINNING AT WEEK 4 IF JUST COMPLETED INITIAL)
- PLEGRIDY 63 MCG SQ ON DAY 1, 94 MCG SQ ON DAY 15, 125MCG SQ ON DAY 29
 PLEGRIDY 125MCG SQ EVERY 2 WEEKS
- RADICAVA 60MG IV DAILY FOR 14 DAYS, FOLLOWED BY 14 DAYS OFF
 RADICAVA 60MG IV DAILY FOR 10/14 DAYS, FOLLOWED BY 14 DAYS OFF
 PERIPHERAL IV MAY BE LEFT IN UNTIL TREATMENT IS COMPLETED
- ADUHELM (START OF THERAPY) IV EVERY 4 WEEKS:
 ADMINISTER 1MG/KG FOR 1ST AND 2ND INFUSIONS
 ADMINISTER 3MG/KG FOR 3RD AND 4TH INFUSIONS
 ADMINISTER 6MG/KG FOR 5TH AND 6TH INFUSIONS
 ADMINISTER 10MG/KG FOR 7TH INFUSION AND THEREAFTER
- ADUHELM (MAINTENANCE) IV EVERY 4 WEEKS:
 ADMINISTER 10MG/KG
- SOLUMEDROL 1GM IV DAILY FOR _____ DAYS
 PERIPHERAL IV MAY BE LEFT IN UNTIL TREATMENT IS COMPLETED
- VILTEPSO 80MG/KG IV WEEKLY

DIAGNOSIS

- G35 MULTIPLE SCLEROSIS:
- RELAPSING-REMITTING
 PRIMARY-PROGRESSIVE
 SECONDARY-PROGRESSIVE
 PROGRESSIVE-RELAPSING
- G30.0 ALZHEIMER'S WITH EARLY ONSET
 G30.1 ALZHEIMER'S WITH LATE ONSET
 G30.8 OTHER ALZHEIMER'S DISEASE
 FOR ADUHELM, SELECT SECONDARY CODE
 F02.80 DEMENTIA W/O BEHAVIORAL DIST
 F02.81 DEMENTIA W/ BEHAVIORAL DIST
- G12.21 AMYOTROPHIC LATERAL SCLEROSIS
 G71.01 DUCHENNE MUSC DYSTROPHY

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