CIVIC INFUSION

FAX: 203-724-4838

249 Danbury Rd, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

127 Washington Ave, N. Haven, CT 06473

_____

(natalizumab)

TYSABRI infusion orders

Patient Name _____ DOB _____

Phone _____ M ○ F ○

DIAGNOSIS *Please provide ICD-10 code*

☐ _____ Multiple Sclerosis: Relapsing-Remitting ○ Primary Progressive ○

☐ _____ Crohn's Disease

☐ _____ _____
(other)

PRE-MEDICATION

☐ Tylenol 1000mg PO

☐ Diphenhydramine 25mg PO

☐ Cetirizine 10mg PO

☐ _____
(other)

☐ Solu-Medrol 125mg IVP

☐ Solu-Cortef 100mg IVP

☐ Diphenhydramine 25mg IVP

☐ _____
(other)

TYSABRI ORDERS

DOSAGE

◉ 300mg IV

FREQUENCY

◉ every 4 weeks for _____ treatments

LAST DOSAGE OF:

○ Avonex ○ Betaseron ○ Rebif

PATIENT WEIGHT

_____lbs.

_____kg

HEIGHT _____ft _____in

Date of last dose: _____

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____