

(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

Solu-Medrol 125mg IVP

Diphenhydramine 25mg PO

Solu-Cortef 100mg IVP

Cetirizine 10mg PO

Diphenhydramine 25mg IVP

(other)

(other)

TYSABRI ORDERS

DOSAGE 300mg IV	PATIENT WEIGHT lbs. kg
FREQUENCY every 4 weeks for _____ treatments	HEIGHT ft in
LAST DOSAGE OF: Avonex Betaseron Rebif	Date of last dose: _____

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider

Phone

Fax