

Princeton / Somerset New Jersey  
49 Veronica Avenue  
Suite 202  
Somerset, NJ 08873

Long Branch  
422 Morris Avenue  
Suite 7  
Long branch, NJ 07740

Marlton  
127 Church Road  
Suite 600  
Marlton, NJ 08053



(natalizumab)

# TYSABRI infusion orders

 Date: \_\_\_\_\_

## PATIENT INFORMATION

|  |                     |  |
|--|---------------------|--|
| Name:                                    | DOB:                | SEX: M <input type="checkbox"/> F <input type="checkbox"/> |
| ICD-10 code (required):                  | ICD-10 description: |  |
| <input type="checkbox"/> NKDA Allergies: | Weight lbs/kg:      |  |

## REFERRAL STATUS

New Referral  Referral Renewal  Medication/Order Change  Benefits Verification Only  Discontinuation Order

## PHYSICIAN INFORMATION

|                            |                             |
|----------------------------|-----------------------------|
| Referral Coordinator Name: | Referral Coordinator Email: |
| Ordering Provider:         | Provider NPI:               |
| Referring Practice Name:   | Phone: Fax:                 |
| Practice Address:          | City: State: Zip Code:      |

### DIAGNOSIS Please provide ICD-10 code

- \_\_\_\_\_ Multiple Sclerosis
- \_\_\_\_\_ 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

#### PATIENT WEIGHT

\_\_\_\_\_ lbs.  
\_\_\_\_\_ kg

#### DOSAGE

- 300mg IV
- Other \_\_\_\_\_

#### FREQUENCY

- Every 4 weeks for \_\_\_\_\_ treatments
- Other \_\_\_\_\_

#### LAST DOSAGE OF

- Avonex  Betaseron  Rebif
- Date of last dose: \_\_\_\_\_

### NOTES/ADDITIONAL COMMENTS:

## ORDERING PROVIDER

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_