Philadelphia/Center City
1528 Walnut Street
Suite 1205
Philadelphia, PA 19102

ThrIVewell INFUSION
Office: 212-803-3339 Fax : 646-768-8600

Mission Medical

Philadelphia/King Of Prussia
216 Mall Blvd
Suite#1
King Of Prussia, PA, 19046

(ocrelizumab)

OCREVUS infusion orders

Date: _____

PATIENT INFORMATION

Name:	DOB:	SEX: M ☐ F ☐
ICD-10 code (required):	ICD-10 description:	
☐ 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
☐ _____ _____ *(other)*

PRE-MEDICATION

☐ Tylenol 1000mg PO
☐ Cetirizine 10mg PO
☐ _____ *(other)*
☐ _____ *(other)*

OCREVUS ORDERS

PATIENT WEIGHT

_____ lbs.
_____ kg

DOSAGE:
☐ 300mg IV initial dose, followed 2 weeks later by a second 300mg IV dose
☐ Subsequent to first 2 doses, 600mg IV dose every 6 months
☐ Other _____

PREMEDICATION PRE PRESCRIBING INFORMATION:
☐ Solu-medrol 100mg IV 30 minutes prior to each treatment
☐ Diphenhydramine 25mg PO 30-60 minutes prior to each treatment

Total dosage ☐/refills_____

NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____