

Westerville
575 Copeland Mill Road
Suite# 2F
Westerville, Ohio 43081



Lancaster
2405 Columbus Street
Suite# 210
Lancaster, Ohio 43130

(natalizumab)
TYSABRI 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 <i>Please provide ICD-10 code</i> ☐ _____ Multiple Sclerosis ☐ _____ 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 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: _____
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NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature X Date _____

Provider _____ Phone _____ Fax _____