

Center City
1528 Walnut Street
Suite 1205
Philadelphia, PA 19102



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

(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)	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: _____
PRE-MEDICATION ☐ Tylenol 1000mg PO ☐ Solu-Medrol 125mg IVP ☐ Diphenhydramine 25mg PO ☐ Solu-Cortef 100mg IVP ☐ Cetirizine 10mg PO ☐ Diphenhydramine 25mg IVP ☐ _____ (other) ☐ _____ (other)	

NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____