

(natalizumab)



TYSABRI infusion orders

Patient Name _____

DOB _____

Phone _____

M

F

DIAGNOSIS Please provide ICD-10 code

Multiple Sclerosis

Crohn's Disease

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

(other)

(other)

TYSABRI ORDERS

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

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____

Phone _____

Fax _____