



Outpatient Infusion Center
Tysabri Order

Please fax form to: 580-585-5472

Patient Information

Patient Name: DOB: Phone: Gender: M F
Patient Address: Email: Insurance:

Additional Information Needed

Fax front/back of insurance card Fax clinical/progress notes Fax labs
Fax patient demographics Fax current medication list Fax TB and Hep B results

Diagnosis and Clinical Information

Diagnosis (ICD-10):

G35 Multiple Sclerosis Type: Relapsing-Remitting Primary- Progressive Secondary-Progressive Progressive Relapsing
K50.00 Crohn's Disease of Small Intestine without Complications
K50.90 Crohn's Disease, Unspecified, without Complications
Other: DX:

Clinical Information:

New Therapy Induction Therapy Change Therapy Continuation
Patient Weight: lbs/ kg Patient Height: in/ cm
Allergies:
Therapies Tried and Failed:
TB Test: Date: Results: Hep B Test: Date: Results:
Does patient have history of life threatening reaction to Tysabri? Yes or No
Last brain MRI: Date:
Date and Dose of Last: Avonex: Betaseron: Lemtrada: Ocrevus: Rebif:
Does the patient have venous access? Yes or No If yes, What type?
If No, initiate IV access.

Lab Orders

Lab Orders to be done by

CBC w/o diff CMP ESR CRP HBsAg HBsAB HBcAB Quantiferon Gold Infusion Services
Other: Referring Provider

Prescription Information

Tysabri Dose: 300mg Frequency: every 4 weeks

Misc Orders

PICC/Midline/CAD dressing to be changed every 7 days
Flushes
10mL NS Flush Syringe PRN
Heparin 500units/5mL Flush Syringe PRN
50ml NS Bag PRN
250ml NS Bag PRN

Standing Orders for Adverse Reaction

Stop infusion and initiate NS bolus Epi 1:1000 1mL IM, IV or SQ for anaphylaxis
Notify Supervising physician and ordering provider Oxygen 2-5L nasal cannula
Solu-Cortef 100mg SIVP signs of adverse reaction Albuterol 2.5mg inhaled PRN to chest tightness
Benadryl 25 mg SIVP for hives or bronchial inflammation Other:

Prescriber Information

Physician Name: Official Contact Name:
Contact #: Fax Number:
Address: City/State/Zip:
NPI#: DEA#: State License #:

Physician's Signature Date Time

