



Outpatient Infusion Center
Ocrevus 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
Other: DX:

Clinical Information:

New Therapy Induction Therapy Change Therapy Continuation
Patient Weight: lbs/ kg Patient Height: in/ cm
Allergies:
Therapies Tried and Failed:
Hepatitis B Screening (HBsAg) Date: Results:
Hepatitis B Screening (HBsAB) Date: Results:
Hepatitis B Screening (HBcAB) Date:
Does the patient have a history of a life threatening reaction to Ocrevus? Yes No
Does the patient have venous access? Yes No If yes, What type?
If No, initiate IV access.

Last Brain MRI:

Date:

Date and Dose of Last:

Avonex: Ocrevus:
Betaseron: Rebif:
Lemtrada: Tysabri:

Lab Orders

CBC w/o diff CMP ESR CRP HBsAg HBsAB HBcAB Quantiferon Gold Lab Orders to be done by
Other: Infusion Services Referring Provider

Prescription Information

Ocrevus Initial Dose: 300mg beginning week and week 2
Maintenance Dose: 600mg every 6 months after week 2

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

