

## Outpatient Infusion Center Ocrevus Order

Please fax form to: 580-585-5472

- Please la	ix ioiiii to. 560	-303-3472			
Patient Information					
Patient Name:	DOB:		Phone:	Gender: M F	
Patient Address:	Email:		Insurance:		
Additional Information Needed					
Fax front/back of insurance card	Fax clinic	al/progress notes	Fax labs	3	
Fax patient demographics	☐ Fax curre	nt 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					
Type: helapsing-hellitting Fillinary-Frogressive Secondary-Frogressive Frogressive-helapsing					
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 (HBs/a) Date:  Results:					
Hepatitis B Screening (HBsAg) Date: Hepatitis B Screening (HBsAB) Date: Results: Results:					
Hepatitis B Screening (HBcAB) Date:					
Does the patient have a history of a life threatening reaction to Ocrevus? Yes or No					
Does the patient have venous access? Yes or No  If yes, What type?  If No, initiate IV access.					
Last Brain MRI:					
Date:					
Date and Dose of Last:		_			
Avonex:		☐ Ocrevus	S:		
Betaseron: Lemtrada:		☐ Rebif: ☐ Tysabri:			
Lab Orders		☐ Tysabii.		Lab Orders to be done by	
☐ CBC w/o diff ☐ CMP ☐ ESR ☐ CRP [	HBsAa □ HB	sAB  HBcAB		Infusion Services	
Other:				Referring Provider	
Prescription Information					
Ocrevus	Initial Dose: 30	00mg beginning w	eek and week 2		
			ry 6 months after weel	k 2	
Misc Orders					
П		✓ PICC/Mic	dline/CAD dressing to	be changed every 7 days	
		Flushes			
Ш	✓ 10mL NS Flush Syringe PRN				
		Heparin 500units/5mL Flush Syringe PRN			
		✓ 250ml NS	S Bag PRN		
Standing Orders for Adverse Reaction					
Stop infusion and initiate NS bolus			00 1mL IM, IV or SQ fo	or anaphylaxis	
<ul> <li>✓ Notify Supervising physician and ordering provider</li> <li>✓ Solu-Cortef 100mg SIVP signs of adverse reaction</li> </ul>		<ul> <li>Oxygen 2-5L nasal cannula</li> <li>Albuterol 2.5mg inhaled PRN to chest tightness</li> </ul>			
Benadryl 25 mg SIVP for hives or bronchial inflammation  Other:				o chest lightness	
Prescriber Information					
Physician Name: Official Contact Name:					
Contact #: Fax Number:					
	City/State/Zip:				
NPI#:					
Dhuaisiana Cinnatur				T'	
Physician's Signature		Date		Time	

