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(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
- _____ (other)
- Solu-Medrol 125mg IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP
- _____ (other)

TYSABRI ORDERS

<p>DOSAGE <input checked="" type="radio"/> 300mg IV</p> <p>FREQUENCY <input checked="" type="radio"/> every 4 weeks for _____ treatments</p> <p>LAST DOSAGE OF: <input type="radio"/> Avonex <input type="radio"/> Betaseron <input type="radio"/> Rebif</p>	<p>PATIENT WEIGHT _____ lbs. _____ kg</p> <p>Date of last dose: _____</p>
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NOTES

ORDERING PROVIDER

Signature **X** _____ Date _____