



MS Infusions

LEMTRADA (ALEMTUZUMAB) INFUSION ORDERS

PATIENT INFORMATION DEMOGRAPHICS ATTACHED

INSURANCE INFORMATION: PLEASE ATTACH COPY OF INSURANCE CARD (FRONT AND BACK)

NAME:

DOB:

PHONE:

DIAGNOSIS J CODE: J0202	<input type="checkbox"/> MULTIPLE SCLEROSIS (ICD-10 CODE: _____)
ALLERGIES	PATIENT WEIGHT _____ LBS
<input type="checkbox"/>	CLINICAL/PROGRESS NOTES AND TESTS SUPPORTING PRIMARY DIAGNOSIS ATTACHED
<input type="checkbox"/>	CURRENT HISTORY & PHYSICAL WITH COMPLETE MEDICATION LIST ATTACHED
<input type="checkbox"/>	PATIENT REMs ENROLLMENT PAPERWORK COMPLETED (FAXED TO MS One to One®)
<input type="checkbox"/>	REQUIRED LABS: TSH, CMP, CBC, UA with cell counts, ALT, AST, Total Bilirubin (must be within 30 days of 1st and 2nd course initiation)
<input type="checkbox"/>	OTHER LABS: HIV, VARICELLA ZOSTER ANTIBODIES, HEP B ATTACHED
<input type="checkbox"/>	TB TEST: QUANTIFERON GOLD OR PPD RESULTS <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
<input type="checkbox"/>	LAST MRI ATTACHED

LEMTRADA ORDERS

LEMTRADA	<input type="checkbox"/> FIRST COURSE: 12 mg/day on 5 consecutive days <input type="checkbox"/> SECOND COURSE: 12 mg/day on 3 consecutive days 12 months after first treatment course
PRE MEDICATIONS	(DAY 1-3) OF EACH COURSE: <input type="checkbox"/> SOLU-MEDROL 1 GM IV <input type="checkbox"/> TYLENOL 1000 MG PO <input type="checkbox"/> BENADRYL 25 MG IV <input type="checkbox"/> PEPCID 20 MG IV
POST INFUSION	<input type="checkbox"/> HYDRATION: _____ mL NS for _____ days
ADDITIONAL ORDERS	

PHYSICIAN INFORMATION

By signing this form and utilizing our services, you are authorizing MIND and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescribing insurance companies.

Physician Signature: _____ Date: _____

Physician Name: _____

Phone: _____ Fax: _____ Contact Person: _____



CHECK AN INFUSION LOCATION: Phone 248.553.0010 Ext. 431 FAX 248.553.6201

- 28595 Orchard Lake Road, Suite 200 Farmington Hills, MI 48334 25150 Ford Road, Suite 100 Dearborn Heights, MI 48127 27301 Dequindre, Suite 103 Madison Heights, MI 48071 4130 Breton Road SE, Suite B Kentwood, MI 49512