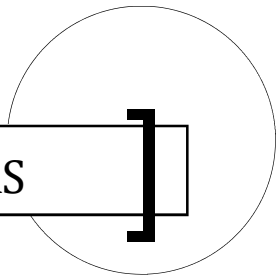




# MS Infusions



## OCREVUS (OCRELIZUMAB) INFUSION ORDERS

**PATIENT INFORMATION**  **DEMOGRAPHICS ATTACHED**

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

**NAME:**

**DOB:**

**PHONE:**

<b>DIAGNOSIS</b>	<input type="checkbox"/> MULTIPLE SCLEROSIS (ICD-10 CODE: _____) <input type="checkbox"/> RELAPSING-REMITTING <input type="checkbox"/> PRIMARY-PROGRESSIVE <input type="checkbox"/> SECONDARY PROGRESSIVE <input type="checkbox"/> PROGRESSIVE-RELAPSING		
<b>ALLERGIES</b>		<b>PATIENT WEIGHT</b>	<b>LBS</b>
	<input type="checkbox"/> CLINICAL/PROGRESS NOTES, LABS, TESTS SUPPORTING PRIMARY DIAGNOSIS ATTACHED		
	<input type="checkbox"/> CURRENT HISTORY & PHYSICAL WITH COMPLETE MEDICATION LIST ATTACHED		
	<input type="checkbox"/> HEPATITIS B SURFACE ANTIGEN & HEPATITIS B CORE TOTAL ANTIBODY RESULTS ATTACHED		
	<input type="checkbox"/> LAST MRI ATTACHED		

### OCREVUS ORDERS

<b>OCREVUS</b>	<input type="checkbox"/> LOADING DOSE: 300 mg IV at 0 to 2 weeks, then 600 mg IV every 6 months <input type="checkbox"/> SUBSEQUENT DOSE: 600 mg IV every 6 months		
<b>PRE MEDICATIONS</b>	<input type="checkbox"/> Tylenol 1000 mg PO <input type="checkbox"/> Solu-Medrol 125 mg IV to be given 30 minutes before infusion <input type="checkbox"/> Benadryl 50 mg IV to be given 30 minutes before infusion		
<b>DATE OF LAST</b>	MS Treatment: Type	Dose	Date: N/A
<b>ADDITIONAL ORDERS</b>			

### 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