



MS Infusions

TYSABRI (NATALIZUMAB) INFUSION ORDERS

PATIENT INFORMATION DEMOGRAPHICS ATTACHED

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

NAME: _____ DOB: _____ PHONE: _____

DIAGNOSIS J CODE: J2323	<input type="checkbox"/> MULTIPLE SCLEROSIS (ICD-10 CODE): _____
ALLERGIES	PATIENT WEIGHT _____ LBS
<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"/>	PATIENT'S TOUCH AUTHORIZATION ATTACHED
<input type="checkbox"/>	LAST MRI ATTACHED
CURRENT JCV Status	STATUS OF JCV ANTIBODY* <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE DATE: _____ *WILL BE DRAWN EVERY 3-4 MONTHS AT INFUSION APPOINTMENT

TYSABRI ORDERS

TYSABRI	<input type="checkbox"/> 300 MG IV ONCE, THEN EVERY 28 DAYS X _____ DOSES (STANDARD INTERVAL) <input type="checkbox"/> 300 MG IV ONCE, THEN EVERY 5-8 WEEKS X _____ DOSES (EXTENDED INTERVAL)
PRE MEDICATIONS	<input type="checkbox"/> TYLENOL 1000 MG PO <input type="checkbox"/> CLARITIN 10 MG PO <input type="checkbox"/> TORADOL 30 MG IV <input type="checkbox"/> BENADRYL 25 MG PO
DATE OF PREVIOUS	MS Treatment: <input type="checkbox"/> REBIF <input type="checkbox"/> BETASERON <input type="checkbox"/> AVONEX DATE: _____ DOSE: _____
ADDITIONAL ORDERS & INSTRUCTIONS	

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 300
Farmington Hills, MI 48334
- 25150 Ford Road, Suite 100
Dearborn Heights, MI 48127
- 27301 Dequindre, Suite 103
Madison Heights, MI
- 4130 Breton Road SE, Suite B
Kentwood, MI 49512



MS Infusions

OUTSIDE REFERRAL TYSABRI (NATALIZUMAB) INFUSION

As a site of care facility, maintaining our patient's safety is our highest priority. While partnering with you to provide your patient with the best infusion experience possible, we would like to make sure safety monitoring and routine physician follow-ups are being completed.

For this to be accomplished, we ask that you fill out the below information on your facilities protocol. We not only want to provide your patient with their needed infusion, but we want to be a partner in their overall health maintenance.

TYSABRI:

Please circle the responses below

Current JCV status: Negative Positive: _____

Brain MRI frequency: Every 4 months Every 6 months Other: _____

Frequency of follow up appointments with prescribing provider:

Any additional information you would like us to know: