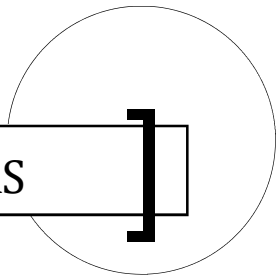




MS Infusions



OCREVUS (OCRELIZUMAB) INFUSION ORDERS

PATIENT INFORMATION **DEMOGRAPHICS ATTACHED**

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

NAME:

DOB:

PHONE:

DIAGNOSIS	<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		
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"/> HEPATITIS B SURFACE ANTIGEN & HEPATITIS B CORE TOTAL ANTIBODY RESULTS ATTACHED		
	<input type="checkbox"/> LAST MRI ATTACHED		

OCREVUS ORDERS

OCREVUS	<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 using shorter infusion interval			
PRE MEDICATIONS	<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			
DATE OF LAST	MS Treatment: Type	Dose	Date:	N/A
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
- 25100 Kelly Road
Roseville, MI 48066