MICHIGAN INSTITUTE FOR NEUROLOGICAL DISORDERS (MIND)

INFUSION TREATMENT REFERRAL FORM

Infusion Center Locations: CHECK ONE:

☐ **MIND Farmington Hills**
28595 Orchard Lake Rd
Farmington Hills, MI 48334

☐ **MIND Roseville**
25100 Kelly Road
Roseville, MI 48066

Main telephone Number: 248.553.0010 Fax Number: 248.553.6222 www.mindonline.com

Patient Name: _____ Date of birth: _____

Patient Address: _____ Phone Number: _____

Allergies: _____

LEMTRADA (ALEMTUZUMAB)

Please mark diagnosis:

☐ Multiple Sclerosis (ICD-10 Code:_____)

Please Include:

☐ Copy of Insurance Card(s) (front and back)

☐ Copy of Driver's License (front and back)

☐ Clinical Progress notes/labs/tests supporting primary diagnosis/most recent MRI

☐ Current History and Physical with updated medication list included ☐ **REMs** Enrollment paperwork completed (Faxed to MS one to one®)

☐ REQUIRED LABS: TSH, CMP, CBC, UA with cell counts, ALT, AST, Total Bilirubin
(Labs must be within 30 days of each course initiation)

☐ HIV, Varicella Zoster Antibodies, Hepatitis B

☐ TB Test: QuantiFERON Gold or PPD Results: ☐ Positive ☐ Negative

Date of Last MS treatment: Type: _____Dose: _____ Date: _____

Infusion Orders: (Annual order renewal needed)

Lemtrada: ☐ FIRST COURSE: 12mg/day; 5 consecutive days

☐ SECOND COURSE: 12mg; 3 consecutive days 12 months after first course ☐ THIRD COURSE; as needed

Pre-medications: Days 1-3 ☐ Tylenol 1000mg PO ☐ Solumedrol 1 gram IV over 1 hour ☐ Benadryl 50mg IVP

PRN Medications: ☐ Pepcid 20mg IVP ☐ Zofran 4mg IVP ☐ Solumedrol 1 gram (Days 4 and 5)

Post Infusion Hydration: ☐ 1000ml over 2 hours **Additional Orders:** _____

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

Physician Name: _____

Physician Signature: _____ Date: _____

Phone number: _____ Fax Number: _____

Additional Services available at MIND

Mark needed services and a MIND representative will reach out for further information ☐

MRI ☐ EEG ☐ EMG ☐ OCT