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MICHIGAN INSTITUTE *for* NEUROLOGICAL DISORDERS

Tysabri (natalizumab) Infusion New Start Outside Referral Form

Infusion Center Locations (Please Select One)	
<input type="checkbox"/> MIND Farmington Hills 28595 Orchard Lake Rd, Suite 200 Farmington Hills, MI 48334	<input type="checkbox"/> MIND Roseville 25100 Kelly Rd Roseville, MI 48066

Please include the following documents:
<input type="checkbox"/> Copy of insurance card (front and back)
<input type="checkbox"/> Copy of driver's license (front and back)
<input type="checkbox"/> Clinical progress notes/labs/tests supporting primary diagnosis
<input type="checkbox"/> Current history & physical with updated medication list included
<input type="checkbox"/> Most recent MRI
<input type="checkbox"/> Patient TOUCH authorization

Demographics	
Patient Name:	
Date of Birth:	
Patient Address:	
Phone Number:	
Allergies:	
Diagnosis Code:	Multiple Sclerosis/ (ICD-10 Code: G35)
JCV Antibody Status:	<input type="checkbox"/> Positive: _____ <input type="checkbox"/> Negative: _____ Date: _____

Infusion Orders					
Ordered Infusion:	Tysabri (natalizumab) 300 mg/15 mL 1-hour IV infusion				
Frequency: (Please select one)	<input type="checkbox"/> Q4 weeks	<input type="checkbox"/> Q5 weeks	<input type="checkbox"/> Q6 weeks	<input type="checkbox"/> Q7 weeks	<input type="checkbox"/> Q8 weeks
Refills: (Please select one)	<input type="checkbox"/> 6 infusions	<input type="checkbox"/> 12 infusions	<input type="checkbox"/> Other: _____		
Pre-medications:	<input type="checkbox"/> Tylenol 1g PO	<input type="checkbox"/> Solu-Medrol 40mg IVP	<input type="checkbox"/> Claritin 10mg PO	<input type="checkbox"/> Toradol 30mg IVP	<input type="checkbox"/> Benadryl 25mg PO
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:** _____

Please fax completed form to 248.553.6222