vitalcare of HOUSTON

Fountains Infusion Center

7103 S. Peek Road #300 B Richmond TX 77407
Phone 346-560-7080 FAX 346-560-7081

# TYSABRI (NATALIZUMAB) INFUSION ORDERS

****REQUIRED INFORMATION****

- ☐ This signed order form from the provider
- ☐ Patient demographics & insurance information
- ☐ **Clinical/Progress Notes, Labs, Tests** supporting primary diagnosis
- ☐ Patient's **TOUCH** authorization
- ☐ Last MRI

| | |
|---|---|
| **Patient Name:** | **DOB:** |
| **Allergies:** | **Patient Phone:** |

**Diagnosis:** ☐ Multiple Sclerosis (ICD-10: _____) ☐ Crohn's Disease (ICD-10: _____)

**J Code: J0202**

## TYSABRI ORDERS

**Tysabri Intravenous Dose:** 300mg infused over 60 mins

**Frequency:** ☐ Once a day, every 4 weeks X _____doses

**Protocol Pre-medication Orders:** ☐ Tylenol l000mg PO ☐ Antihistamine 25mg PO

****Date of last ☐ Rebif ☐ Betaseron ☐ Avonex Dose:_____ Date:_____**

**Additional Instructions:**

| | | |
|---|---|---|
| **Physician Name:** | **Phone:** | **Fax:** |
| ****Physician Signature:** | **Date:** | |