

NPI# \_\_\_\_\_  
DEA# \_\_\_\_\_

FAX ORDERS: 702-697-2107



(alemtuzumab)

# LEMTRADA infusion orders

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Phone \_\_\_\_\_

M

F

## DIAGNOSIS Please provide ICD-10 code

Multiple Sclerosis

(other)

## PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg IVP

Diphenhydramine 25mg PO

(other)

Cetirizine 10mg PO

(other)

## LEMTRADA ORDERS

### DOSAGE

12mg IV each day for 5 consecutive days

12mg IV each day for 3 consecutive days - 12 months after first treatment course

### PREMEDICATION PER PRESCRIBING INFORMATION

Solu-medrol 1gm IV for days 1-3 of each course

### PATIENT WEIGHT

lbs.

kg

## NOTES

## ORDERING PROVIDER

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_