

NPI# _____
DEA# _____

FAX ORDERS: 702-697-2107



(ocrelizumab)

OCREVUS infusion orders

Patient Name _____

DOB _____

Phone _____

M

F

DIAGNOSIS Please provide ICD-10 code

Multiple Sclerosis

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Cetirizine 10mg PO

(other)

OCREVUS ORDERS

DOSAGE/FREQUENCY

300mg IV initial dose, followed by 2 weeks later by a second 300mg IV dose
subsequent to first 2 doses, 600mg IV does every 6 months

PATIENT WEIGHT

lbs.

kg

PREMEDICATION PER PRESCRIBING INFORMATION

Solu-medrol 100mg IV 30 minutes prior to each treatment

Diphenhydramine 25mg PO 3-60 minutes prior to each treatment

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider

Phone _____

Fax _____

Address: _____
