

Borough Park
1428 36th Street
Suite 107
Brooklyn, NY 11218

Crown Heights
555 Lefferts Avenue
Brooklyn, NY 11225

Manhattan
57W 57Street
Suite 601
New York, NY 10019



Queens
64-05 Yellowstone Blvd
CF104
Forest Hills, NY 11375

Riverhead
1228 E Main Street
Suite A
Riverhead, NY 11901

Manhasset
333 East Shore Road
Suite 201
Manhasset, NY 11030

Rockville Centre
165 North Village Avenue
Suite 133
Rockville Center, NY 11570

Elmsford/ Terrytown
555 Taxter Road
3rd Floor
Elmsford, NY 10523

Holbrook/ Ronkonkoma
233 Union Ave
Suite 207
Holbrook, NY 11741

Scarsdale
495 Central Park Avenue
Suite 205
Scarsdale, NY 10583



(ocrelizumab)

Date: _____

OCREVUS infusion orders

Patient Name _____ DOB _____

Phone _____ M O F

NPI _____ Tax ID _____

Insurance Carrier (primary) _____

Insurance Carrier (secondary) _____

DIAGNOSIS Please provide ICD-10 code

_____ Multiple Sclerosis _____ (other)

PRE-MEDICATION

Tylenol 1000mg PO _____ (other)

Cetirizine 10mg PO _____ (other)

OCREVUS ORDERS

DOSAGE

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

PREMEDICATION PER PRESCRIBING INFORMATION

PATIENT WEIGHT

- Solu-medrol 100mg IV 30 minutes prior to each treatment _____ lbs.
- Diphenhydramine 25mg PO 30-60 minutes prior to each treatment _____ kg

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____