Chicago Illinois
4711 Golf Road
Suite 900
Skokie, IL 60076

ThrIVewell INFUSION
Office: 212-803-3339 Fax : 646-768-8600

REJUVEINATE

(natalizumab

TYSABRI infusion orders

Date: _____

Patient Name _____ DOB _____

Phone _____ M ◯ F ◯

◯ Allergies _____

NPI _____ Tax ID _____

Insurance Carrier (primary) _____

Insurance Carrier (secondary) _____

REFERRAL STATUS

- ☐ New Prescription
- ☐ Order Renewal
- ☐ Does or Frequency Change
- ☐ Discontinuation

DIAGNOSIS *Please provide ICD-10 code*

- ☐ _____ Multiple Sclerosis
- ☐ _____ Crohn's Disease
- ☐ _____ _____ *(other)*

PRE-MEDICATION

- ☐ Tylenol 1000mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Cetirizine 10mg PO
- ☐ _____ *(other)*
- ☐ Solu-Medrol 125mg IVP
- ☐ Solu-Cortef 100mg IVP
- ☐ Diphenhydramine 25mg IVP
- ☐ _____ *(other)*

TYSABRI ORDERS

DOSAGE

◉ 300mg IV

◯ Other _____

PATIENT WEIGHT

_____lbs.

_____kg

FREQUENCY

◉ every 4 weeks for _____ treatments

◯ Other _____

LAST DOSAGE OF:

◯ Avonex ◯ Betaseron ◯ Rebif Date of last dose: _____

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____