*Princeton / Somerset New Jersey*
49 Veronica Avenue
Suite 202
Somerset, NJ 08873

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 _____