

- 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
- Manhasset**  
333 East Shore Road  
Suite 201  
Manhasset, NY 11030
- Rockville Centre**  
165 North Village Avenue  
Suite 133  
Rockville Center, NY 11570
- Elmsford/Tarrytown**  
555 Taxter Road  
3rd Floor  
Elmsford, NY 10523



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



- Manhattan**  
225 E 70th Street  
Suite 1E  
New York, NY 10021
- Queens**  
64-05 Yellowstone Blvd  
CF104  
Forest Hills, NY 11375
- Manhattan**  
225 East 70th Street  
New York, NY 10021
- Holbrook/Ronkonkoma**  
233 Union Ave  
Suite 207  
Holbrook, NY 11741
- Scarsdale**  
495 Central Park Avenue  
Suite 205  
Scarsdale, NY 10583
- 5 Towns**  
141 Washington Avenue  
Cedarhurst, NY 11559
- Long Beach**  
917 Beech Street  
Long Beach, NY 11561
- Riverhead**  
1228 E Main Street  
Suite A  
Riverhead, NY 11901

(ocrelizumab)  
**OCREVUS** infusion orders

Date: \_\_\_\_\_

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

Phone \_\_\_\_\_ M  F

NPI \_\_\_\_\_ Tax ID \_\_\_\_\_  Allergies \_\_\_\_\_

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

Other \_\_\_\_\_

**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

Total dosage  /refills \_\_\_\_\_

**NOTES**

**ORDERING PROVIDER**

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

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_