Prestige Infusions
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Affiliation: Apex HealthRX · METRODRUGS Rx · OAKHILLSPRX Specialty Pharmacy · GoldenHealthCare Specialty Pharmacy

TYSABRI

(natalizumab)

Patient Name _____ DOB _____

Phone _____ M ○ F ○

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

PATIENT WEIGHT
_____lbs.
_____kg

FREQUENCY
◉ every 4 weeks for _____ treatments

LAST DOSAGE OF:
○ Avonex ○ Betaseron ○ Rebif Date of last dose: _____

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____