



249 Danbury Road, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

(ocrelizumab)

OCREVUS infusion orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS *Please provide ICD-10 code*

Multiple Sclerosis

(other)

Relapsing-Remitting

-or-

Primary Progressive

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

Solu-medrol 100mg IV 30 minutes prior to each treatment

PATIENT WEIGHT

lbs.

Diphenhydramine 25mg PO 30-60 minutes prior to each treatment

kg

HEIGHT

ft

in

NOTES

ORDERING PROVIDER

Signature X _____ Date

Provider

Phone

Fax