

(natalizumab)

TYSABRI infusion orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS *Please provide ICD-10 code*

Multiple Sclerosis: Relapsing-Remitting

Primary Progressive

Crohn's Disease

(other)
PRE-MEDICATION

Tylenol 1000mg PO

Solu-Medrol 125mg IVP

Diphenhydramine 25mg PO

Solu-Cortef 100mg IVP

Cetirizine 10mg PO

Diphenhydramine 25mg IVP

*(other)**(other)*
TYSABRI ORDERS
DOSAGE

300mg IV

PATIENT WEIGHT

lbs.

kg

FREQUENCY

every 4 weeks for

treatments

HEIGHT

ft

in

LAST DOSAGE OF:

Avonex

Betaseron

Rebif

Date of last dose:

NOTES
ORDERING PROVIDER
Signature X _____ Date _____

Provider

Phone

Fax