FAX: 203-724-4838

CIVIC INFUSION

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

☐ subsequent to first 2 doses: dose 600mg IV dose every 6 months (choose one):

- standard 3.5-4 hour infusion
- short 2 hour infusion

PREMEDICATION PER PRESCRIBING INFORMATION

- Solu-medrol 100mg IV 30 minutes prior to each treatment
- Diphenhydramine 25mg PO 30-60 minutes prior to each treatment

PATIENT WEIGHT

_____lbs.

_____kg

☐ IGG Levels have been checked and are being monitored by a MD

NOTES

_____

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____