



249 Danbury Road, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

(alamtuzumab)

LEMTRADA infusion orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS *Please provide ICD-10 code*

Multiple Sclerosis

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg IVP

Diphenhydramine 25mg PO

(other)

Cetirizine 10mg PO

(other)

LEMTRADA ORDERS

DOSAGE

12mg IV each day for 5 consecutive days

12mg IV each day for 3 consecutive days - 12 months after first treatment course

PREMEDICATION PER PRESCRIBING INFORMATION

Solu-medrol 1gm IV for days 1-3 of each course

PATIENT WEIGHT

lbs.

kg

HEIGHT

ft

in

NOTES

ORDERING PROVIDER

Signature X

Date

Provider

Phone

Fax