

(natalizumab)

TYSABRI infusion orders



Patient Name
Phone

DOB
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

Solu-Medrol 125mg IVP
Solu-Cortef 100mg IVP
Diphenhydramine 25mg IVP

(other)

(other)

TYSABRI ORDERS

DOSAGE		PATIENT WEIGHT	
300mg IV		lbs.	
FREQUENCY		kg	
every 4 weeks for	treatments		
LAST DOSAGE OF:			
Avonex	Betaseron	Rebif	Date of last dose:

NOTES

ORDERING PROVIDER

Signature X Date

Provider Phone Fax