



6415 Fort Apache Road, Suite #175  
Las Vegas, NV 89148  
Phone: 702-665-5730  
Fax: 702-780-4887

# Lemtrada (alemtuzumab) Infusion Orders

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (lb/kg)

## Diagnosis

- \_\_\_\_\_ Multiple Sclerosis
- \_\_\_\_\_

## Pre-Medication

- Tylenol 1000mg PO
- Cetirizine 10mg PO
- Diphenhydramine 25mg PO
- Solu-Medrol 125 IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP
- \_\_\_\_\_
- \_\_\_\_\_

## Orders

### Dosage & Frequency

- 12mg IV each day for 5 consecutive days
- 12mg IV each day for 3 consecutive days – 12 months after 1<sup>st</sup> treatment course \_\_\_\_\_ Refills

## Notes

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## Ordering Provider

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
NPI: \_\_\_\_\_ DEA: \_\_\_\_\_