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# Tysabri (natalizumab) Infusion Orders

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

## Diagnosis

- \_\_\_\_\_ Multiple Sclerosis (MS)
- \_\_\_\_\_ Crohn's Disease
- \_\_\_\_\_
- \_\_\_\_\_

## Pre-Medication

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

## Orders

### Dosage

- 300mg IV

### Frequency

- every 4 weeks for \_\_\_\_\_ treatments \_\_\_\_\_ Refills

## Notes

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Ordering Provider

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