

(ocrelizumab)

Phone

Patient Name

DIAGNOSIS *Please provide ICD-10 code*

Tylenol 1000mg PO Cetirizine 10mg PO

Multiple Sclerosis

OCREVUS infusion orders

(other)

DOB

Μ

(other)

OCREVUS ORDERS

PRE-MEDICATION

DOSAGE/FREQUENCY 300mg IV initial dose, followed by 2 weeks later by a second 300mg IV dose subsequent to first 2 doses, 600mg IV does every 6 months PATIENT WEIGHT PREMEDICATION PER PRESCRIBING INFORMATION Solu-medrol 100mg IV 30 minutes prior to each treatment kg Diphenhydramine 25mg PO 3-60 minutes prior to each treatment

NOTES

ORDERING PROVIDER

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Signature X

Provider

Phone

Fax

Date

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