(natalizumab)



TYSABRI infusion orders

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

NOTES

ORDERING PROVIDER		
Signature X		Date
Provider	Phone	Fax