



INFUSE ONE

(natalizumab)

TYSABRI infusion orders

Patient Name

DOB

Phone

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

300mg IV

PATIENT WEIGHT

lbs.

FREQUENCY

every 4 weeks for

treatments

kg

LAST DOSAGE OF:

Avonex

Betaseron

Rebif

Date of last dose:

NOTES

ORDERING PROVIDER

Signature X _____ Date

Provider

Phone

Fax