vitalcare® INFUSION SERVICES of SIOUX FALLS

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OCREVUS (OCRELIZUMAB)
INFUSION ORDERS

****REQUIRED INFORMATION****

- ☐ This signed order form from the provider
- ☐ Patient demographics & insurance information
- ☐ **Clinical/Progress Notes, Labs, Tests** supporting primary diagnosis
- ☐ Hepatitis B antigen and Hepatitis B Core total antibody required
- ☐ Last MRI

Patient Name:	**DOB:**
Allergies:	**Patient Phone:**

Diagnosis: Multiple Sclerosis (ICD-10: _____)

J Code: J2350

OCREVUS ORDERS

☐ **Loading Dose:** 300mg IV at 0 and 2 weeks

☐ **Subsequent Dose:** 600 mg IV every 6 months

Protocol Pre-medication Orders:
☐ Solu-Medrol 100mg IV ☐ Benadryl 25mg ☐ Tylenol 1000mg PO to be given 30 minutes before infusion

****Date of last ☐ Rebif ☐ Betaseron ☐ Avonex Dose:_____ Date:_____**

Additional Instructions:

Physician Name:	**Phone:**	**Fax:**
****Physician Signature:**	**Date:**	