

Order Form

Patient Name	
DOB	
Address	
Phone	

Order Status	<input type="checkbox"/> New Order <input type="checkbox"/> Renewal <input type="checkbox"/> Dose or Frequency Change
Diagnosis	<input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Multiple Sclerosis, relapsing <input type="checkbox"/> Other: _____
	Diagnosis Code: _____

Required Information (Please include labs attached)	Allergies:		
	Negative QuantiFERON TB or T-spot or chest x-ray	Date: _____	Weight: _____
	Diagnostic Hepatitis B Panel	Date: _____	
	Coccidioides Screen/Panel	Date: _____	Height: _____
	CBC, CMP (please include lab result documents)	Date: _____	

Labs	<input type="checkbox"/> Hepatic Function panel every: _____ <input type="checkbox"/> Other: _____
Pre-Medications	<input type="checkbox"/> Diphenhydramine <input type="checkbox"/> 25mg <input type="checkbox"/> 50mg <input type="checkbox"/> IV <input type="checkbox"/> PO
	<input type="checkbox"/> Acetaminophen <input type="checkbox"/> 325mg <input type="checkbox"/> 650mg <input type="checkbox"/> PO
	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Tysabri 300mg IV every 4 weeks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Concomitant use with corticosteroids (recommend to taper off corticosteroids within 6 months of Tysabri initiation)
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Infusion Reaction Medications Hypersensitivity Reaction Protocol will be utilized unless otherwise specified.

Required Documentation	<ul style="list-style-type: none"> ▪ H&P or progress note supporting diagnosis ▪ Medication history ▪ Recent labs (as above) and/or diagnostic test results
Provider (print name):	Date:
Provider Signature:	NPI:
Office Phone:	Office Fax:

OUTPATIENT INFUSION CENTERS

Select an Infusion Center below (check box):

- Glendale Infusion Clinic
6220 W Bell Road, Glendale AZ 85308
- Osborn NSI Infusion Clinic
7242 E Osborn Road Ste 340, Scottsdale AZ 85251
- Pima Infusion Clinic
8405 N Pima Center Parkway Ste 201, Scottsdale AZ 85258

How to Refer:

- Fax the medication order form along with the selected infusion center form and all necessary documentation to central scheduling and call to set up patient information.
 - Central Scheduling Phone: (623) 434-6138
 - Central Scheduling Fax: (602) 331-5765