

Order Form

Patient Name	
DOB	
Address	
Phone	

Order Status New Order Renewal Dose or Frequency Change

Diagnosis	<input type="checkbox"/> Multiple sclerosis, relapsing or primary progressive	Diagnosis Code: _____
	<input type="checkbox"/> Other: _____	

Allergies:

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

Labs CBC, CMP every _____ Other:

Pre-Medications

- Acetaminophen
 - 500 mg 650 mg 1000 mg
- Diphenhydramine PO or IV (circle one)
 - 25 mg 50 mg
- Methylprednisolone IV
 - 60 mg 100 mg other:
- Other:

Induction:

- Ocrevus 300mg IV on day 1 and day 14

Maintenance:

- Ocrevus 600mg IV every 6 months
- Other:

Infusion Reaction Medications Hypersensitivity Reaction Protocol will be utilized unless otherwise specified.

Required Documentation

- 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