vitalcare of ROANOKE

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TYSABRI (NATALIZUMAB)
INFUSION ORDERS

****REQUIRED INFORMATION****

- ☐ This signed order form from the provider
- ☐ Patient demographics & insurance information
- ☐ **Clinical/Progress Notes, Labs, Tests** supporting primary diagnosis
- ☐ Patient's **TOUCH** authorization
- ☐ Last MRI

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

Diagnosis: ☐ Multiple Sclerosis (ICD-10: _____) ☐ Crohn's Disease (ICD-10: _____)

J Code: J0202

TYSABRI ORDERS

Tysabri Intravenous Dose: 300mg infused over 60 mins

Frequency: ☐ Once a day, every 4 weeks X _____doses

Protocol Pre-medication Orders: ☐ Tylenol l000mg PO ☐ Antihistamine 25mg PO

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

Additional Instructions:

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