InfuseAble Care
INFUSION SUITES & IMMEDIATE CARE SERVICES

Patient Name
DOB
Address
Cell Phone

TYSABRI (natalizumab)

Status	☐ New Therapy ☐ Order Renewal ☐ Dosage or Frequency Change
Diagnosis	☐ ICD 10 Code: G35.__ Multiple Sclerosis (MS) ☐ ICD 10 Code: K50.90 Moderate to Severe Crohn's Disease (CD) ☐ ICD 10 Code: ______ Other: ______________________
Special Instructions	Patient enrolled in TOUCH program by: ☐ Infusion Clinic ☐ Referring Physician Complete pre-infusion checklist at www.touchprogram.com (whether infusion is given or not); notify provider of any contraindications to infusion.
Pertinent Medical Hx	Anti-JCV antibodies status & date: ____________ Hepatitis B status & date: _______________
Labs	Labs to be drawn by: ☐ Infusion Clinic ☐ Referring Physician If Infusion Clinic: _________________________
Premeds	☐ No premeds necessary ☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO ☐ cetirizine (Zyrtec) 10mg PO *- OR -* ☐ diphenhydramine (Benadryl) 25mg PO ☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV ☐ other: ___________
IV Fluids	☐ NS TKO ☐ Other: ____________
Medication Order	☐ Tysabri 300mg IV every 4 weeks ☐ Other: ____________ Refills: ☐ x 1 year ☐ x _____ doses ☐ No refills; give this dose only.
Monitoring	Monitor for signs/symptoms of hypersensitivity during infusion and 30 mins post-infusion. For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.
Additional Orders	
Physician Information	Physician Name ______________________ NPI _____________ Office Contact ______________________ Phone _____________ **Provider Signature:** ______________________ Date _____________

REQUIRED DOCUMENTATION

o Patient Demographics & **Insurance** Information:	– Copy of patient's insurance card – front and back	FAX to (480) 400-6121
o **Clinical / Progress Notes**, supporting primary diagnosis:	– 2 most recent office notes – Medication history	Intake Specialist (480) 927-3800
o Most Recent **Labs**:	– Hepatitis B test results – Anti-JCV antibodies test results	**referral@infuseablecare.com**

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