



OCREVUS (OCRELIZUMAB) INFUSION ORDERS

7227 Fannin Street
Houston, TX 77030
T - 844-776-7778
F - 888-898-9113
www.talishealthcare.com

Please fax completed order form to: 888-898-9113

\* Please include demographics, most recent H&P, lab and culture results, clinical notes, discharge summary, operative report and MAR if applicable

Patient's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Diagnosis: Multiple Sclerosis ICD 10 code (required): G35.0

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Allergies: \_\_\_\_\_

Patient Preferred Location:

Greenville Location

7515 Greenville Avenue, Suite 400B
Dallas, TX 75231

Merit Drive Location

12221 Merit Drive, Suite 350
Dallas, TX 75251

OCREVUS ORDERS

Loading Dose: 300mg IV at 0 and 2 weeks

Maintenance Dose: 600mg IV every 6 months

Pre-Medication Orders: Solu-Medrol 100mg SIVP and Benadryl 25mg PO or IV
to be given 30 minutes before infusion.

Labs to be drawn \_\_\_\_\_ Frequency of lab draws \_\_\_\_\_

Previous Therapies Rebif Betaseron Avonex Tysabri dose: \_\_\_\_\_

Date of last infusion \_\_\_\_\_

Additional Instructions (check all that apply):

Additional Pre Medications

Tylenol 500mg PO

Zyrtec 10mg PO

Additional PRN Medications

Zofran 8mg PO or IV Q6h (PRN nausea/vomiting)

Pepcid 20mg PO once

Benadryl 25mg PO or IV Q6h PRN

Prescriber's Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ NPI# \_\_\_\_\_

Important Information: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the material. In no event should such material be read by anyone other than the named addressee, except by express authority of the sender to the named addressee. Fax completed form to: Fax: (888) 898-9113. Thank you for using Talis Healthcare.