WEST TEXAS DIGESTIVE DISEASE CENTER

Houssam Al Kharrat
Gastroenterology
5115 80th Street
Lubbock, TX 79424
Phone: (806) 788-4368
Fax: (806) 513-2863

South Plains Infusion

TYSABRI (natalizumab)

Name:_____ DOB:_____ M ○ F ○

Phone #1 :_____(H/W/C) Phone #2:_____(H/W/C)

Allergies:_____

DIAGNOSIS:

☐ Multiple Sclerosis (ICD-10 code: G35)
MS Type: ☐ Relapsing-Remitting ☐ Secondary-Progressive ☐ Clinically Isolated

☐ Crohn's Disease (ICD-10 code: _____)

PRE-MEDICATION ORDERS:

☐ Tylenol 1000mg PO
☐ Diphenhydramine 25mg PO
☐ Solu-Medrol _____ mg IVP
☐ Other: _____

☐ Cetirizine 10mg PO
☐ Loratadine 10mg PO
☐ Solu-Cortef _____ mg IVP

TYSABRI ORDER

☐ 300mg IV every 4 weeks x 1 year

☐ 300mg IV every _____ weeks x 1 year

☐ Other: _____

Patient Weight

_____lbs

_____kg

NOTES

ORDERING PROVIDER

Signature X_____ Date_____

Provider _____ Phone _____ Fax_____

Please FAX: ○Medication Order ○Demographics ○Clinicals ○Labs ○X-Rays
to 1-806-302-1241 (must dial "1")