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Gastroenterology

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# OCREVUS (ocrelizumab) Infusion orders

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

Phone #1 : \_\_\_\_\_ (H/W/C) Phone #2: \_\_\_\_\_ (H/W/C)

Diagnosis: Please provide ICD-10 code

\_\_\_\_\_ Multiple Sclerosis  \_\_\_\_\_ (other)

### PRE-MEDICATION

- Tylenol 1000mg PO  \_\_\_\_\_ (other)
- Cetirizine 10mg PO  \_\_\_\_\_ (other)

### OCREVUS ORDERS

#### DOSAGE

- 300mg IV initial dose, followed 2 weeks later by a second 300mg IV dose
- subsequent to first 2 doses, 600mg IV dose every 6 months

#### PREMEDICATION PER PRESCRIBING INFORMATION

#### PATIENT WEIGHT

- Solu-medrol 100mg IV 30 minutes prior to each treatment \_\_\_\_\_ lbs.
- Diphenhydramine 25mg PO 30-60 minutes prior to each treatment \_\_\_\_\_ 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")