



5115 80th Street, Lubbock, TX 79424



**South Plains
Infusion**

Tel (806) 788-4368, Fax (806) 302-1241

OCREVUS (ocrelizumab) Infusion orders

Name: _____ DOB: _____ M O F O

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

Diagnosis: Please provide ICD-10 code

_____ Multiple Sclerosis _____ (other)

Pre Medication:

- Tylenol 1000 mg PO Diphenhydramine 25 mg PO
- Solu-Medrol 100mg IVP Diphenhydramine 25 IVP
- _____ (other)

PATIENT WEIGHT _____ lbs
_____ Kg

OCREVUS ORDERS DOSAGE/ Frequency

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

Needed documents:

- Recent Office notes (along with any therapies tried and outcomes)
- Current Medication List History, Physical Report (w/in past 6 months)
- Lab Results, Demographic Sheet, Insurance Cards (front and back)

ORDERING PROVIDER

Signature _____ Date _____

Provider _____ Phone _____ Fax _____

Please **FAX** form and documents needed to **1-806-302-1241 (dial "1")**