



5115 80th Street, Lubbock, TX 79424



South Plains
Infusion

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

TYSABRI (Natalizumab) 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
- _____ Crohn's Disease
- _____ (other)

Pre Medication:

- Tylenol 1000 mg PO
- Solu-Medrol 125mg IVP
- _____ (other)
- Diphenhydramine 25 mg PO
- Diphenhydramine 25 IVP

PATIENT WEIGHT _____ lbs
_____ Kg

TYSABRI ORDERS

DOSAGE/ Frequency

- 300mg IV
- Every 4 weeks for _____ treatments

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")**