

PATIENT INFORMATION
 Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S) (FRONT AND BACK)
MEDICAL INFORMATION

 Diagnosis: Neuromyelitis optica spectrum disorder ICD-10 Code: _____

Patient Weight: _____ lbs. Allergies: _____

Required:

- Clinical/Progress Notes, Labs, and Tests supporting primary diagnosis attached
- Hepatitis B surface antigen and Hepatitis B core total antibody
- TB test (QFT, PPD, spot TB)
- Serum immunoglobulins
- AQP4 positive antibody lab

Labs: Required labs to be drawn by: Infusion Clinic Referring Physician

Lab Orders: _____

UPLIZNA ORDERS
Uplizna

- Initial dosing: 300mg IV followed by 300mg IV 2 weeks later, then 300mg IV every 6 months
- Maintenance dosing: 300mg IV every 6 months

Protocol Pre-Medication Orders: Solu-Medrol 125mg IV, Benadryl 25mg PO, and Tylenol 650mg PO to be given 30 minutes prior to infusion

Additional Orders/Comments:
PHYSICIAN INFORMATION

Physician Signature: _____ Date: _____

Physician Name: _____

Phone: _____ Fax: _____ Contact Person: _____

INFUSION CENTER LOCATIONS

<input type="checkbox"/> Alpharetta, GA	<input type="checkbox"/> Arlington, TX	<input type="checkbox"/> Atlanta, GA	<input type="checkbox"/> Austin, TX	<input type="checkbox"/> Clear Lake, TX	<input type="checkbox"/> Dallas, TX	<input type="checkbox"/> Decatur, GA	<input type="checkbox"/> Fort Worth, TX
<input type="checkbox"/> Houston, TX	<input type="checkbox"/> Knoxville, TN	<input type="checkbox"/> Kyle, TX	<input type="checkbox"/> Nashville, TN	<input type="checkbox"/> North Hills, TX	<input type="checkbox"/> Plano, TX	<input type="checkbox"/> Round Rock, TX	<input type="checkbox"/> San Antonio, TX
<input type="checkbox"/> Stone Oak, TX	<input type="checkbox"/> West Houston, TX	<input type="checkbox"/> The Woodlands, TX					

PARAGONHEALTHCARE.COM

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged property, or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately. If you have received this in error, destroy the document immediately.