



# TYSABRI (NATALIZUMAB) INFUSION ORDERS

## PATIENT INFORMATION

Demographics attached

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## MEDICAL INFORMATION

J Code: J2323      Diagnosis:  Multiple Sclerosis      ICD-10 Code: \_\_\_\_\_

Crohn's Disease      ICD-10 Code: \_\_\_\_\_

Patient Weight: \_\_\_\_\_ lbs.

Allergies: \_\_\_\_\_

Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached

Patient's TOUCH authorization attached

Last MRI attached

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

Lab Orders: \_\_\_\_\_

## TYSABRI ORDERS

Tysabri Intravenous Dose: 300mg

Frequency:  Once, every 4 weeks X \_\_\_\_\_ doses

Protocol Pre-Medication Orders: Tylenol 1000mg PO, and Antihistamine 25mg PO

\*\*Date of last  Rebif     Betaseron     Avonex      dose: \_\_\_\_\_

Additional Instructions:

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## PHYSICIAN INFORMATION

*By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.*

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

## INFUSION CENTER LOCATION

- |                                    |                                 |                                 |                                  |                                    |                                      |                                |                                     |                                      |                                    |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|------------------------------------|--------------------------------------|--------------------------------|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Arlington | <input type="checkbox"/> Austin | <input type="checkbox"/> Dallas | <input type="checkbox"/> Houston | <input type="checkbox"/> Knoxville | <input type="checkbox"/> North Hills | <input type="checkbox"/> Plano | <input type="checkbox"/> Round Rock | <input type="checkbox"/> San Antonio | <input type="checkbox"/> Stone Oak |
| P: 817.200.2530                    | P: 512.261.4800                 | P: 972.408.2777                 | P: 713.860.1755                  | P: 865-299-7525                    | P: 817.284.2700                      | P: 469-974-0565                | P: 737-443-5230                     | P: 210.366.4358                      | P: 210.485.3700                    |
| F: 817.509.0011                    | F: 512.261.4803                 | F: 469.913.6894                 | F: 713.277.7219                  | F: 865-338-5604                    | F: 817.284.2701                      | F: 469-608-2072                | F: 737-402-7698                     | F: 210.366.4896                      | F: 210.390.1738                    |

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