

OCREVUS INFUSION ORDER

Loading Dose



INFUSIONMED | USA
LIVING YOUR BEST LIFE. ONE DROP AT A TIME.

Date: ___/___/___

PATIENT INFORMATION

Patient Name: _____ DOB: ___/___/___ Phone: _____

Height: _____ Weight _____ lbs / kg

Allergies: _____

Diagnosis: _____ ICD-10: _____

Hep B Date: ___/___/___ Result: _____ Uric Test Date: ___/___/___ Result: _____

Labs to be drawn by: Infusion Clinic Referring Physician

PRE-MEDICATIONS (30 MINUTES BEFORE INFUSION)

Diphenhydramine	<input type="radio"/> PO	<input type="radio"/> IV	<input type="radio"/> 25mg	<input type="radio"/> 50mg	<input type="radio"/> PreMed
Acetaminophen	<input type="radio"/> PO		<input type="radio"/> 650mg/1000mg		<input type="radio"/> PreMed
Solu-Medrol		<input type="radio"/> IV	<input type="radio"/> 125mg		<input type="radio"/> PreMed

PRN

Diphenhydramine	25mg/50mg	IV/PO	Acetaminop	650mg	PO
Cetirine	10mg	PO	Solu-Medrol	125mg	IV
Normal Saline Bolus:	500mL	IV			

OCREVUS (OCRELIZUMAB) IV DOSAGE

LOADING DOSE: 300mg in 250mL 0.9% Sodium Chloride day 1 and day 15

MAINTENANCE DOSE: 600mg in 500mL 0.9% Sodium Chloride 6 mo after loading then every 8 mo.

PROVIDER INFORMATION

Provider's Name: _____ Signature: _____

Phone: _____ Fax: _____ Date: ___/___/___

Office Address: _____

Email Address: _____ Contact Person: _____

PLEASE SEND COPY (FRONT AND BACK) OF INSURANCE CARD

PHONE: 972-810-0990

FAX: 972-810-0994