

Patient Information

Patient Name:		DOB:				
Patient Phone:		Patient Email:				
NKDA	Allergies:	Weight lbs/kg:	Height:			
Patient Status:	New to Therapy	Continuing Therapy	Therapy Change	Last infusion date (if applicable): _____		
Is the patient pregnant, planning a pregnancy or nursing:		Yes	No	Does the patient need interpreter services:	Yes	No

Provider Information

Referral Coordinator Name:		Referral Coordinator Email:		
Ordering Provider:		Provider NPI:		
Referring Practice Name:		Phone:	Fax:	
Practice Address:		City:	State:	Zip:

ICD-10 CODE

G35 Multiple Sclerosis Other: _____

Medication Order

Ocrevus (ocrelizumab) **Dose and Frequency:** Induction: 300mg IV on day 1 and day 15
Maintenance: 600mg IV every 6 months (starting 6 months from the first infusion date)

Documentation Required (Note: Send all labs, must include specific labs listed here)

Labs (Hep B and Serum Immunoglobulins)

Insurance Card (front and back)

Current Medications

History/Progress Notes

Pre-Medication Order**Standard Protocol** (give 30 minutes before each infusion):

acetaminophen (Tylenol) 1000mg PO	diphenhydramine (Benadryl) 50mg IV
methylprednisolone (Solu-Medrol) 100mg IV	Other: _____

Customized Pre-Medication Order

Drug: _____

Dose: _____ Route: _____ Frequency: _____

Special Instructions (Prior therapy, treatment dates, and reasons for d/c)_____
Provider Name_____
Provider Signature_____
Date

Order Expiration Date (mm/dd/yy): _____ (If not indicated order will expire one year from date signature) Check here if this is a stat order

Patient Information			
Patient Name:	DOB:	Sex:	M F
Patient Phone:	Fasting:	Y	N

Lab Test (Please circle or write in ICD-10)			
ALT	R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21	HIV VIRAL LOAD	Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, Z11.4, Z21, B20
AST	R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21	IgE	J45.4, J45.3, L50.9, J45.40, J45.50
HEPATIC FUNCTION PANEL	R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21	IgG	G35, G36.0
BASIC METABOLIC PANEL	I10, E87.1, Z79.899, E87.5, E80.20, G35, M81.0, M81.8, N18.9	IMMUNOGLOBULIN QUANT IgG, IgM, IgA	G35, G36.0
CALCIUM	M81.0, M81.8	IMMUNOGLOBULIN QUANT IgG, IgM, IgA, IgE	G35, G36.0
CBC (INCLUDES DIFF/PLT)	I10, D64.9, Z00.00, R53.83, G35, C50.011, D70.9, D50.0, D63.1	IRON, TIBC, FER PNL	D50.9, D64.9, D50.0, D50.8, Z00.00, D63.1, N18.9
CBC (H/H, RBC, WBC, PLT)s	I10, Z00.00, Z13.0, D64.9, G35, C50.011, D70.9, D50.0, D63.1	LIPID PANEL	Z79.899, E78.5, E55.9, E78.00, Z00.00, E78.01, E78.2
COMP METABOLIC PANEL	I10, Z79.899, E78.5, E11.9, E78.2, E80.20, G35, M81.0, M81.8, N18.9	MAGNESIUM	I10, Z79.899, R25.2, E83.42, Z00.00
CREATININE	M81.0, M81.8, G35	PSA	R97.20, C61, N40.1, Z12.5, N40.0
C-REACTIVE PROTEIN (CRP)	R53.83, R79.82, M35.3, I10, M06.9, K50.90, K51.90, M32.9, L40.50	PROTHROMBIN TIME-INR	Z79.01, I48.91, I48.0, Z51.81
FERRITIN	D64.9, D50.9, D50.0, D50.8, Z00.00, D63.1, N18.9	TRANSFERRIN SATURATION	D50.9, D64.9, D50.0, D50.8, Z00.00, D63.1, N18.9
G6PD	M1A.9XX0, M1A.9XX1	QUANTIFERON TB GOLD	Z79.899, Z00.00, Z01.84, M06.9, M08.9, M45.0, L40.0, L40.50, K51.90, K50.90
GROWTH HORMONE	E22, C7A.1, E34	TSH	E03.9, I10, E03.8, R53.83, E06.3, E05.00
HBSAG CONFIRMATION	Z11.3, Z36.9, Z20.2, Z11.59, G35, K50.90, K51.90, L40.0, L40.50, M06.9, M45.0	URIC ACID	M10.9, E79.0, I10, Z00.00, M1A.9XX0, M1A.9XX1
HEMOGLOBIN & HEMATOCRIT	D50.9, D64.9, D50.0, D63.1, N18.9	VIT B12/FOLIC ACID	M89.49, E53.8, R53.83, F41.8, F41.9, E05.00
HEMOGLOBIN A1C	E11.9, E11.65, R73.01, Z00.00, I10	VIT D 25- HYDROX	E55.9, Z00.00, R53.83, I10, Z79.899, M81.0, M81.8
HEP B SURF AG	Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, G35, K50.90, K51.90, L40.0, L40.50, M06.9, M45.0	Miscellaneous Labs Not Listed (Write In)	
HIV 4TH GEN	Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, Z11.4, Z21, B20		
HIV 1/2 AB DIFF	Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, Z11.4, Z21, B20		

Frequency			
Prior to each dose	Yearly	Other: Please Specify Below	
Lab Test: _____	Frequency: _____		
Lab Test: _____	Frequency: _____		
Lab Test: _____	Frequency: _____		
Lab Test: _____	Frequency: _____		

Provider Name	Provider Signature	Date
Provider Phone		
o 888.209.8874 aleracare.com	advanced infusion centers™	