

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	K50.90 Crohn's Disease	Other: _____
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Medication Order

Tysabri (natalizumab)	Dose: 300mg IV	Frequency: every 4 weeks
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Documentation Required (Note: Send all labs, must include specific labs listed here)

Labs (Touch Authorization)	Insurance Card (front and back)	Current Medications	History/Progress Notes
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Pre-Medication Order

acetaminophen (Tylenol)	500mg	650mg	1000mg PO	diphenhydramine (Benadryl)	25mg	50mg /	PO	IV
cetirizine (Zyrtec)	10mg PO			methylprednisolone (Solu-Medrol)	40mg IV	125mg IV		
loratadine (Claritin)	10mg PO			hydrocortisone (Solu-Cortef)	100mg IV			
Other: _____								
Dose: _____		Route: _____			Frequency: _____			

Special Instructions (Prior therapy, treatment dates, and reasons for d/c)

Provider Name	Provider Signature	Date
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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)

<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ALT</td><td>R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21</td></tr> <tr><td>AST</td><td>R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21</td></tr> <tr><td>HEPATIC FUNCTION PANEL</td><td>R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21</td></tr> <tr><td>BASIC METABOLIC PANEL</td><td>I10, E87.1, Z79.899, E87.5, E80.20, G35, M81.0, M81.8, N18.9</td></tr> <tr><td>CALCIUM</td><td>M81.0, M81.8</td></tr> <tr><td>CBC (INCLUDES DIFF/PLT)</td><td>I10, D64.9, Z00.00, R53.83, G35, C50.011, D70.9, D50.0, D63.1</td></tr> <tr><td>CBC (H/H, RBC, WBC, PLT)s</td><td>I10, Z00.00, Z13.0, D64.9, G35, C50.011, D70.9, D50.0, D63.1</td></tr> <tr><td>COMP METABOLIC PANEL</td><td>I10, Z79.899, E78.5, E11.9, E78.2, E80.20, G35, M81.0, M81.8, N18.9</td></tr> <tr><td>CREATININE</td><td>M81.0, M81.8, G35</td></tr> <tr><td>C-REACTIVE PROTEIN (CRP)</td><td>R53.83, R79.82, M35.3, I10, M06.9, K50.90, K51.90, M32.9, L40.50</td></tr> <tr><td>FERRITIN</td><td>D64.9, D50.9, D50.0, D50.8, Z00.00, D63.1, N18.9</td></tr> <tr><td>G6PD</td><td>M1A.9XX0, M1A.9XX1</td></tr> <tr><td>GROWTH HORMONE</td><td>E22, C7A.1, E34</td></tr> <tr><td>HBSAG CONFIRMATION</td><td>Z11.3, Z36.9, Z20.2, Z11.59, G35, K50.90, K51.90, L40.0, L40.50, M06.9, M45.0</td></tr> <tr><td>HEMOGLOBIN & HEMATOCRIT</td><td>D50.9, D64.9, D50.0, D63.1, N18.9</td></tr> <tr><td>HEMOGLOBIN A1C</td><td>E11.9, E11.65, R73.01, Z00.00, I10</td></tr> <tr><td>HEP B SURF AG</td><td>Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, G35, K50.90, K51.90, L40.0, L40.50, M06.9, M45.0</td></tr> <tr><td>HIV 4TH GEN</td><td>Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, Z11.4, Z21, B20</td></tr> <tr><td>HIV 1/2 AB DIFF</td><td>Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, Z11.4, Z21, B20</td></tr> </table>	ALT	R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21	AST	R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21	HEPATIC FUNCTION PANEL	R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21	BASIC METABOLIC PANEL	I10, E87.1, Z79.899, E87.5, E80.20, G35, M81.0, M81.8, N18.9	CALCIUM	M81.0, M81.8	CBC (INCLUDES DIFF/PLT)	I10, D64.9, Z00.00, R53.83, G35, C50.011, D70.9, D50.0, D63.1	CBC (H/H, RBC, WBC, PLT)s	I10, Z00.00, Z13.0, D64.9, G35, C50.011, D70.9, D50.0, D63.1	COMP METABOLIC PANEL	I10, Z79.899, E78.5, E11.9, E78.2, E80.20, G35, M81.0, M81.8, N18.9	CREATININE	M81.0, M81.8, G35	C-REACTIVE PROTEIN (CRP)	R53.83, R79.82, M35.3, I10, M06.9, K50.90, K51.90, M32.9, L40.50	FERRITIN	D64.9, D50.9, D50.0, D50.8, Z00.00, D63.1, N18.9	G6PD	M1A.9XX0, M1A.9XX1	GROWTH HORMONE	E22, C7A.1, E34	HBSAG CONFIRMATION	Z11.3, Z36.9, Z20.2, Z11.59, G35, K50.90, K51.90, L40.0, L40.50, M06.9, M45.0	HEMOGLOBIN & HEMATOCRIT	D50.9, D64.9, D50.0, D63.1, N18.9	HEMOGLOBIN A1C	E11.9, E11.65, R73.01, Z00.00, I10	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	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	<table border="1" style="width:100%; 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Frequency

Prior to each dose	Yearly	Other: Please Specify Below
Lab Test: _____	Frequency: _____	
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Lab Test: _____	Frequency: _____	
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Provider Name	Provider Signature	Date
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Provider Phone