

**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**

G36.0 Neuromyelitis Optica Spectrum Disorder      Other: \_\_\_\_\_

**Medication Order**

**Uplizna** (inebilizumab-cdon)      **Dose:** 300mg IV      **Frequency:** Initial dosing: day 0 and day 15 then every 6 months (starting from first infusion) every 6 months

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

Labs (Quantitative Serum Immunoglobulin Levels, TB, Hep B, and AQP4 Antibody)

Insurance Card (front and back)	Current Medications	History/Progress Notes
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**Pre-Medication Order (Required)**

<b>acetaminophen</b> (Tylenol)	500mg	650mg	1000mg PO	(30-60 min pre-infusion)
<b>diphenhydramine</b> (Benadryl)	25mg	50mg /	PO IV	(30-60 min pre-infusion)
<b>methylprednisolone</b> (Solu-Medrol)	40mg IV	125mg IV		(30 min pre-infusion)

**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 &amp; 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: _____	
Lab Test: _____	Frequency: _____	
Lab Test: _____	Frequency: _____	
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Provider Name	Provider Signature	Date
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Provider Phone