(ocrelizumab)	Wellspring Health		
OCREVUS infusion order	S	INFUS	SION CENTER
Patient Name	DOB		
Phone		М	F
DIAGNOSIS Please provide ICD-10 code Relapsing-Remitting Multiple Sclerosis ICD 10 Code: G35 Secondary Progressive Multiple Sclerosis ICD 10 Code: G35 Primary Progressive Multiple Sclerosis ICD 10 Code: G35			
	(other)		
PRE-MEDICATION			
Tylenol 1000mg PO			
Cetirizine 10mg PO			
			(other)
OCREVUS ORDERS			
DOSAGE/FREQUENCY			
300mg IV initial dose, given week 0 and 2			
followed by 600mg IV does every 6 months			
* Urine pregnancy test prior to first infusion if applicable		PATIE	NT WEIGHT
PREMEDICATION PER PRESCRIBING INFORMATION			lbs.

Solu-medrol 100mg IV 30 minutes prior to each treatment

Diphenhydramine 25mg PO 3-60 minutes prior to each treatment

REQUIRED DOCUMENTATION

- Signed order form by the provider
- Patient demographics AND insurance information
- o Clinical/progress notes supporting primary diagnosis
- Pregnancy Test (if applicable)
- Hepatitis B test Result: HBsAg & Total HepB Core Antibody
- o Notes:

(ocrelizumab)

Please fax completed forms to Wellspring Health at (563) 900-8290.

ORDERING PROVIDER

Signature X

Provider (printed)

Phone

Fax

Date

kg

1550 University Avenue Dubuque, IA 52001 . Fax: (563) 900-8290 Call: (563) 900-8300 . Email: info@wellspringhlth.com