(ocrelizumab)

OCREVUS infusion orders

Evansville Multi-Specialty Clinic

Patient Name _____ DOB _____

Phone _____ M ☐ F ☐

DIAGNOSIS *Please provide ICD-10 code*

☐ _____ Multiple Sclerosis ☐ _____ _____ *(other)*

PRE-MEDICATION

☐ Tylenol 1000mg PO ☐ _____ *(other)*

☐ Cetirizine 10mg PO ☐ _____ *(other)*

OCREVUS ORDERS

DOSAGE

☐ 300mg IV initial dose, followed 2 weeks later by a second 300mg IV dose

☐ subsequent to first 2 doses, 600mg IV dose every 6 months

PREMEDICATION PER PRESCRIBING INFORMATION

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

☐ Diphenhydramine 25mg PO 30-60 minutes prior to each treatment

PATIENT WEIGHT

_____lbs.

_____kg

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____

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