Ocrevus Zunovo Infusion Order

LivWell INFUSIONS

Fax 888 511-7654 *Phone 888 864-7341*

Patient Name: _____ **DOB:** _____

Patient Phone: _____ **SEX:** M ◯ F ◯

Please Attach All Insurance Information, front and back

MEDICAL INFORMATION

Diagnosis:

◯ G35 Multiple Sclerosis

- ☐ Relapsing Form MS
- ☐ Primary Progressive MS

◯ Other: _____

ICD 10 : _____

Patients weight: _____

ALSO INCLUDE...

Clinical/ Progress Notes
Demographics Sheet
Current Medications
Labs
Insurance

OCREVUS ZUNOVO ORDER

Ocrevus Zunovo Dose:

☐ 920mg/ 23,00 units

☐ Administered subcutaneously in the abdomen every 24 weeks over approximately 10 minutes. Monitor for 1 hour after first injections, and 15 minutes on subsequent infusions.

PreMeds:

☐ Benadryl 25mg IV ☐ Benadryl 50mg IV

☐ Clariton 10mg PO ☐ Dexamethasone 20mg PO

Date of last Ocrevus Infusion: _____

Additional Comments:

PHYSICIAN INFORMATION

Referring Physician: _____ **Phone:** _____

Practice Address: _____

Office Contact: _____ **Fax:** _____

NPI/ TIN: _____

Referring Physician's Signature_____ **Date:** _____