Richmond
7110 Forest Ave, Suite 203
Richmond, VA 23226

Prince George
2025 Waterside Rd, Suite 100B
Prince George, VA 23875

Physician Order - Tysabri (natalizumab)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Phone Number:
Patient Weight: _______ kg or _______ lb	Patient Height: ______ in

REFERRAL STATUS
☐ New Referral ☐ Dose/Frequency Change ☐ Order Renewal

Location Preference (optional)
☐ Richmond ☐ Prince George

* * If patient has a central line, then the placement report, diagnostic imaging to confirm tip placement and date of last access are required * *

DIAGNOSIS AND ICD-10 CODE	
☐ Moderate to Severe Crohn's Disease	K50.90
☐ Mutliple Sclerosis	G35
☐ Other: ___________________________	ICD10 ____

REQUIRED DOCUMENTATION (must include)

☐ This signed order form by the provider
☐ Clinical/Progress Notes
☐ Patient Demographics AND Insurance Information
☐ Labs and Tests Supporting Primary Dx
☐ JC Virus Antibody Test

Is the patient enrolled in the TOUCH Prescribing Program? ☐ **Yes**

☐ Patient currently receiving same therapy at _________________________________ Last dose: _____________________

List Tried & Failed Therapies, including duration of treatment	
1)	3)
2)	4)

MEDICATION ORDERS	
Dosing	☐ Tysabri 300mg infuse IV over 1 hour every 4 weeks
Duration: ☐ x 6 months ☐ x 1 year ☐ x doses _______________	

OPTIONAL PREMEDICATIONS and LAB ORDERS

☐ Acetaminophen 650mg PO prior to infusion
☐ Diphenhydramine 25mg PO or IV (per patient preference) prior to infusion
☐ Methylprednisolone 100mg slow IVP prior to infusion
☐ OPTIONAL: JC Virus DNA, PCR whole blood (LabCorp # 139370) every 6 months
☐ Other PreMed or Lab Order with frequency: ____

In the event of an infusion reaction or adverse event, our covering physician will be notified and appropriate medical care will be administered.

PRESCRIBER INFORMATION		
Prescriber Name:	NPI:	Contact:
Phone:	Fax:	Email:
Prescriber Signature:		Date:

Contact us with questions at: 804-442-3558 or email referrals@theinfusionsolution.com
Fax completed form and ALL requried documentation to 804-554-5848
All information contained in this form is strictly confidential and will become part of the patient's record.

Updated 3/1/2023