

Fax To: 281-406-1047

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OCREVUS (ocrelizumab) infusion orders

Patient Name	DOE	3	
Phone		М	F
DIAGNOSIS Please provide ICD-10 code			
Multiple Sclerosis			
	(other)		
PRE-MEDICATION			
Tylenol 1000mg PO Cetirizine 10mg PO	Quzyttir 10n	ng IVSP (over 1-2 min
			(other)
OCREVUS ORDERS			
DOSAGE/FREQUENCY			
300mg IV initial dose, followed by 2 we	eeks later by a second 300mg I	V dose	
subsequent to first 2 doses, 600mg IV o	loes every 6 months		
PREMEDICATION PER PRESCRIBING INFORMATION Solu-medrol 100mg IV 30 minutes prior to each treatment Diphenhydramine 25mg PO 3-60 minutes prior to each treatment			NT WEIGHT lbs. kg
NOTES			
ORDERING PROVIDER			
Signature X		Date	
5. ₀		_	
Provider	Phone	Fax	