

PROVIDERS: Please include the following to expedite the order:

Patient Demographics, Insurance Information, All Clinical Documentation Supporting the Diagnosis Including any Previous or Current Therapies, Pertinent Labs, or Diagnostic Testing, Most Recent Office Visit Note, Recent Labs

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Patient Name: _____ Patient Phone: _____ DOB: _____

ICD-10 code (required): G36.0 D89.84 G70.00 G70.01 ICD Description: _____

Allergies: _____ Weight (lbs/kg): _____ Height: _____

Patient Status: New to Therapy Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip: _____

NURSING

- Center will use Hypersensitivity protocol established by Infuse One Ohio
- The following lab results must be sent prior to initiation:
- TB
 - Hepatitis B (HBsAg and HBcAb)
 - Serum Immunoglobulins
 - Anti-aquaporin-4 (AQP4) antibodies (NMOSD only)
 - Anti-acetylcholine receptor (AChR) or anti-muscle specific tyrosine kinase (MuSK) antibodies (MG only)

PRE-MEDICATION ORDERS

It is recommended to pre-medicate with Methylprednisolone or an equivalent corticosteroid, an antihistamine (e.g., Diphenhydramine), and an antipyretic (e.g., acetaminophen) approximately 30-60 minutes prior to each infusion

- Methylprednisolone 80mg / 125mg IV
 - Diphenhydramine 25mg / 50mg PO IV
 - Acetaminophen 500mg / 650mg PO
 - Other: _____
- Dose: _____ Route: _____

SPECIAL INSTRUCTIONS:

| | | |
|-----------------------------|--------------------------|------------|
| Provider Name (Print) _____ | Provider Signature _____ | Date _____ |
|-----------------------------|--------------------------|------------|

- Please check this box if you DO NOT authorize Infuse One Ohio to complete a Peer-to-Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.