LEMTRADA

Orders

ALEMTUZUMAB

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Locations: ☐ Dublin, OH ☐ Lancaster, OH

INFUSE ONE OHIO

PATIENT INFORMATION

Patient Name _____ **Date of Birth** _____ **Gender** ☐ M ☐ F

Patient Address / City / State / ZIP _____ **Phone** _____

DIAGNOSIS

PLEASE PROVIDE ICD-10 CODE

☐ Multiple Sclerosis _____ ☐ Other _____

PRE-MEDICATIONS

CHECK ALL THAT APPLY

☐ Tylenol 1000 mg PO

☐ Diphenhydramine 25 mg PO

☐ Cetirizine 10 mg PO

☐ Other _____

☐ Diphenhydramine 25 mg IVP

☐ Other _____

LEMTRADA ORDERS

DOSAGE

☐ 12 mg IV each day for 5 consecutive days

☐ 12 mg IV each day for 3 consecutive days - 12 months after first course

PREMEDICATION PER PRESCRIBING INFORMATION

☑ Solu-Medrol 1 g IV for days 1-3 of each course

PATIENT WEIGHT

Pounds _____ **Kilograms** _____

NOTES

ORDERING PROVIDER

Provider NPI _____ **Phone** _____ **Fax** _____

Provider Name _____

Provider Address _____

Prescriber Signature _____ **Date** _____