

Neurology Enrollment Form



25329 Budde Road, Suite #104

Spring, TX 77380

Phone: 832-713-6119 . Fax: 281-809-6917

Patient Name: _____ DOB: _____ Gender: M F
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Alt. Phone: _____ Email: _____
Language : English Spanish Other: _____ Height: _____ Weight: _____

PRE-MEDICATIONS:

- Acetaminophen 1000mg PO
- Diphenhydramine 25mg IVP
- Cetirizine 10mg PO
- Solu-Medrol 125mg IVP
- Diphenhydramine 25mg PO
- Solu-Cortef 100mg IVP
- Others: _____

REQUIRED DOCUMENTS:

- Clinical/Progress Notes
- Hepatitis B status & date (please attach)
- Labs, Test Supporting
- Most recent labs including anti-JCV antibodies
- Primary diagnosis (please attach)
- Previous MS drug therapy history, including therapies trailed or failed.

PRESCRIPTION INFORMATION

BENLYSTA

Dosing:

- Mix Benlysta in 250ml 0.9% sodium chloride and administer intravenous infusion over one hour.

Frequency:

- Induction and Maintenance: Week 0,2,4 and then every 4 weeks.
- Maintenance Only: Every 4 weeks.

Quantity: _____ Refills: _____ Other: _____

IVIG

Dosing:

- _____ mg/kg -OR- _____ mg OVER _____ day(s)
- _____ mg/kg -OR- _____ mg OVER _____ day(s)

Frequency:

- Every _____ weeks for 1 year -OR- _____ dose(s)

OTHER:

- Teach and Train for Subcutaneous Immunoglobulin (SCIG) self administration at home.

Quantity: _____ Refills: _____ Other: _____

IVIG PRODUCTS:

- Gamunex-C
- Bivigen
- Ascevin
- Gammaguard
- Privigen
- Octagam

OCREVUS

INDUCTION DOSE:

- Induction Dose: 300mg in 250ml 0.9% sodium chloride intravenous infusion at day 1 and day 15.
Rate: Start at 30ml/hr, increasing by 30ml/hr every 30 minutes to a maximum rate of 180ml/hr (to be given in no less than 2.5 hours).
- After induction Dose, continue with Maintenance Dose Below

MAINTENANCE DOSE:

- 600mg in 500ml 0.9% sodium chloride intravenous infusion every 6 months.
Infuse over 3.5 hours: Start at 40ml/hr, increase by 40ml/hr every 30 minutes, max 200ml/hr if patient has not experienced any prior serious infusion reactions, infusion can be given over 2 hours: Start at 100ml/hr x 15 min, 200ml/hr x 15 min, 250ml/hr x 30 min, 300ml/hr remainder of infusion.

Quantity: _____ Refills: _____ Other: _____

TYSABRI

Dosing:

- 300mg in 100ml 0.95 sodium chloride, intravenous infusion, administered over 60,minutes.

Frequency:

- Every 4 weeks (28 days)

Quantity: _____ Refills: _____ Other: _____

Prescriber's Signature: _____ DAW (Dispense As Written) Date: _____

Prescriber's Name: _____ Phone: _____ Fax: _____

Prescriber's Address: _____ City: _____ State: _____ Zip: _____

NPI: _____ DEA: _____ Tax I.D: _____ Office Contact: _____

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