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:			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:	REQUIR □ Clinical/Progress Notes □ Labs, Test Supporting □ Primary diagnosis (please att	□ Most re	tis B status & date (pl ecent labs including a us MS drug therapy hi ies trailed or failed.	nti-JCV antibodies
PRE	SCRIPTION INFORMA	TION		
Dosing: ☐ Mix Benlysta in 250ml 0.9% sodium chloride and administer in Frequency: ☐ Induction and Maintenance: Week 0,2,4 and then every 4 weeks. ☐ Quantity: ☐ Refills:		r. □ Other:		
				$\overline{}$
Dosing: mg/kg -ORmg OVERday(s Frequency: _ Everyweeks for 1 year -ORdose(OTHER: _ Teach and Train for Subcutaneous Immunoglobulin (SCIG) sel _ Quantity: Refills:	s)	IVIG PRODUCTS: Gamunex-C Gammaguard Cutaquig Other:	□ Bivigen □ Privigen	□ Ascevin □ Octagam
	□ OCREVUS			
INDUCTION DOSE: Induction Dose: 300mg in 250ml 0.9% sodium chloride intraver Rate: Start at 30ml/hr, increasing by 30ml/hr every 30 minute After induction Dose, continue with Maintenance Dose Below MAINTENANCE DOSE: G00mg in 500ml 0.9% sodium chloride intravenous infusion even Infuse over 3.5 hours: Start at 40ml/hr, increase by 40ml/hr ereactions, infusion can be given over 2 hours: Start at 100ml/hr Quantity: Refills	es to a maximum rate of 180ml/h	nr (to be given in no les f patient has not exper Oml/hr x 30 min, 300ml	ienced any prior seric /hr remainder of infu	
	□ TYSABRI			
Dosing: Dosing: 300mg in 100ml 0.95 sodium chloride, intravenous infusion, active series of the se	· :	□ Other:		
Prescriber's Signature:				
		Phone: Fax:		
Prescriber's Address:	City:	State:	Zip: _	