



CONSULTANTS INC
SPECIALIZING IN INFECTIOUS DISEASES

Ambulatory Infusion Center

Parkway Medical Center
3609 Park East Drive #207
Beachwood, OH 44122

216-360-0456 TEL
216-378-9824 FAX
216-360-9449 ALT FAX
www.idconsultants.com/aic

INFUSION ORDERS - OCREVUS (ocrelizumab)

Date of Referral: _____ Infusion Location: Beachwood Middleburg Heights Painesville

Patient Information

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ WT (kg): _____ HT (in): _____

Diagnosis: _____ ICD10 Code: _____

Allergies: _____

**PLEASE FAX SUPPORTING CLINICAL DOCUMENTATION, INCLUDING MEDICAL RECORDS/PROGRESS NOTES, LABS,
and INSURANCE INFORMATION (both front and back of the card) ALONG WITH THIS FORM**

OCREVUS DOSING

- 300 mg IV at 0 and 2 weeks
- subsequent to first 2 doses, 600 mg administered IV every 24 weeks

Premed Orders:

- Solu-Medrol 100 mg IV 30 minutes prior to treatment
- Benadryl 25 mg PO to be given 30-60 minutes prior to treatment
- Tylenol 1000mg PO to be given 30-60 minutes prior to treatment

Hepatitis B virus (HBV) screening date: _____ Result: _____

Special Needs/Considerations: _____

Prescribing Physician: _____

Address: _____

Physician Signature: _____ Date: _____

Physician Phone: _____ Fax: _____

LAB REQUIREMENTS and LAB MONITORING ARE THE RESPONSIBILITY OF THE PRESCRIBING PHYSICIANS