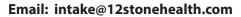
TwelveStone Health Partners

Fax Referral To: (615) 278-3355

Direct Phone: (844) 893-0012





OCREVUS ORDER FORM						
Date:		ICD-10 Code:		Therapy Status		
Patient Name:		Allergies:		☐ New Start		
Date of Birth:		Weight:lbs ORkg		☐ Continuing Therapy: Last Dose:		
PROVIDER INFORMATION						
Ordering Provider: Provi						
Provider		Provider Address:_	Provider Address:			
Provider Phone:						
MEDICATION ORDER						
□ Initiation: Infuse Ocrevus 300mg In Day 1 and Day 15. □ Maintenance: Infuse Ocrevus 600 months. If first maintenance dose months from Day 1 of initiation phase of the months from Day 1 of initiation		vus 600mg IV every six ce dose, schedule six ction phase. en as indicated below. Antihistamine dosage d by on site provider. etion with any Ocrevus es may be infused using	Refills for one year from date of signature unless indicated below. ———— Refills		Please include the following lab results required for infusion. If no results are available, the following labs will be drawn prior to first infusion: ✓ Hepatitis B Surface Antigen ✓ Hepatitis B Core Antibody Total (Not Core IgM) ✓ Quantitative Serum Immunoglobulin Screening (Prior to initiation phase of treatment)	
PRE-MEDICATIONS						
Oral ✓ Acetaminophen:325mg500mgX650mg □ Loratadine: 10mg □ Cetirizine: 10mg ✓ Diphenhydramine:			✓ Diphenhyo □ Famotidin ✓ Methylpre □ Hydrocorti □ Ondanseti	□ Dexamethasone:4mg8mg ✓ Diphenhydramine:25mg50mg □ Famotidine:20mg40mg ✓ Methylprednisolone:X_125mg □ Hydrocortisone: 100mg □ Ondansetron:4mg8mg		
LAB ORDERS (please indicate any labs to be drawn and frequency)			cy) OTF	OTHER REQUIRED DOCUMENTATION		
Surveillance lab ordering and monitoring is the responsibility of the prescriber By signing below, I certify that the above therapy is medically			to 800-223-406 • History & Phy • Patient Demo • Medication Lis iber**	(Please fax this signed order form, along with the following documents to 800-223-4063) • History & Physical, Last Office Visit Note • Patient Demographics and Insurance Information • Medication List • Recent Lab Work		
Dispense as	above therapy is filed	- i	Substitution Allowed:			
Prescriber Signature Date				Prescriber Signature Date		