



**PATIENT INFORMATION**

*Demographics attached*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S) (FRONT AND BACK)**

**MEDICAL INFORMATION**

Patient Weight: \_\_\_\_\_ lbs. Allergies: \_\_\_\_\_

- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached  Last MRI documentation attached
- Patient's TOUCH authorization (only for Tysabri orders)  Hepatitis B antigen and Hepatitis B Core total antibody required (only for Ocrevus orders)  Confirmed Presence of amyloid pathology (CSF or PET scan) attached (only for Aduhelm orders)

**Labs:** Required labs to be drawn by:  Infusion Clinic  Referring Physician

**Lab Orders:** \_\_\_\_\_

**INFUSION ORDERS**

Alzheimer's Disease  
ICD-10: \_\_\_\_\_

Administer Aduhelm IV every 4 weeks as follows (Select One):

- Initial start w/ maintenance dosing:
  - 1mg/kg for infusion 1 and 2
  - 3mg/kg for infusion 3 and 4
  - 6mg/kg for infusion 5 and 6
  - 10 mg/kg for infusion 7 and beyond
- Maintenance dosing only: 10mg/kg

Migraines  
ICD-10: \_\_\_\_\_

**Pre-Medication:**  Zofran 4mg slow IVP  Zofran 8mg IVP  Pepcid IV 20mg IVP  Toradol 30mg IVP  
 Solu-Medrol 125mg IVP  Reglan 10mg IV/100mL NS over 20 minutes  Benadryl 25mg IV

**Protocol:**  Depacon  500mg  750mg IV in 250mL NS  
 Magnesium Sulfate 1gm IV in 250mL  
 DHE 45  0.5mg  1mg IV in 100mL NS (*must premed for nausea*)

Standing PRN Order:  1 month  2 months  3 months Repeat regimen daily for \_\_\_\_\_ days

Migraines  
ICD-10: \_\_\_\_\_

Vyepti:  100mg IV every 3 months  
 300mg IV every 3 months

Multiple Sclerosis Exacerbation  
ICD-10: \_\_\_\_\_

Solu-Medrol 1gm IV daily x \_\_\_\_\_ days  
 Solu-Cortef 1gm IV daily x \_\_\_\_\_ days

Multiple Sclerosis  
ICD-10: \_\_\_\_\_

Tysabri 300mg IV every 4 weeks (after registering patient with TOUCH)  
Pre-medication protocol: Tylenol 1000mg PO and Benadryl 25mg PO

Ocrevus  300mg IV at 0 and 2 weeks, then 600mg IV every 6 months  600mg IV every 6 months  
Pre-Medication Protocol: Solu-Medrol 100mg IV and Benadryl 25mg PO to be given 30 minutes before infusion

**IVIG**

Diagnosis: \_\_\_\_\_ ICD-10: \_\_\_\_\_ IVIG Brand: \_\_\_\_\_

IVIG Orders: \_\_\_\_\_ mg/kg OR \_\_\_\_\_ gm/kg IV divided over \_\_\_\_\_ day(s)

**Frequency:** Every \_\_\_\_\_ weeks OR \_\_\_\_\_ one time dose only

**Protocol Pre-Medication Orders:** Tylenol 1000mg PO

*please choose one antihistamine:*  Cetirizine 10mg PO  Diphenhydramine 25mg PO  Loratadine 10mg PO

**Additional Pre-Medication Orders:**  Solu-Medrol \_\_\_\_\_ mg - IVP

**PHYSICIAN INFORMATION**

By signing this form and utilizing our services, you are authorizing *At Your Service Anesthesia, Inc.*, and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: \_\_\_\_\_ Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_