

Ocrevus Infusion Order

Loading Dose

SMART CHOICE INFUSION
FOR YOUR HEALTH & WELLNESS

www.smartchoiceinfusion.com

Ph: 818-659-8182

Fax: 818-659-8990

Date: _____ Treatment Location: _____

***Please fax a copy of the
following patient information:**

☐ Demographics

☐ Insurance Information

☐ Current Medications

☐ Current CBC & CMP

☐ Hep B Labs

☐ MRI

☐ H&P Relevant to Diagnosis

☐ Access Solutions Form

PATIENT INFORMATION

Patient Name: _____

DOB: _____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: _____

ICD-10: _____

PROVIDER INFORMATION

Printed Provider's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

PRE-MEDICATIONS:

(30 minutes before infusion)

Solu-Medrol: ☐ 125mg ☐ IV

Diphenhydramine: ☐ 50mg ☐ IV / ☐ PO

Acetaminophen: ☐ 1000mg ☐ PO

PRN:

(Infusion Reactions)

Diphenhydramine: ☐ 25mg ☐ 50mg ☐ IV / ☐ PO

Cetirizine (Zyrtec): ☐ 10mg ☐ PO

Acetaminophen: ☐ 650mg ☐ PO

Solu-Medrol: ☐ 125mg ☐ IV

Normal Saline Bolus: ☐ 500mg ☐ IV

OCREVUS(OCRELIZUMAB) IV DOSAGE:

Date of Last Treatment, If Continuation:

OCREVUS IV Loading Dosage:

☐ 300 mg in 250 mL 0.9% Sodium Chloride
day 1 and day 15

OCREVUS IV Maintenance Dosage:

☐ 600 mg in 500 mL 0.9% Sodium Chloride
6 months after loading dose
then every 6 months