Ocrevus Infusion Order

Maintenance 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

Cetrizine (Zyrtec): ❒ 10mg ❒ PO

Acetaminophen: ❒ 650mg ❒ PO

Solu-Medrol: ❒ 125mg ❒ IV

Normal Saline Bolus: ❒ 500mg ❒ IV

OCREVUS(OCRELIZUMAB) IV Maintenance DOSAGE:

Date of Last Treatment, If Continuation:

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