MPP INFUSION CENTERS
A MULTISPECIALTY PHYSICIAN COMPANY

Fax Referrals To: (855) 891-2191
Email Referrals To: MPPReferral@mppinfusion.com
Have a Question? (855) 478-1528

LEMTRADA® (ALAMTUZUMAB) ORDER FORM

(- Required Fields)*

_____ **New Referral** _____ **Order Renewal** _____ **Medication/Order Change**
_____ **Benefits Verification Only** _____ **Discontinuation Order**

PATIENT INFORMATION			
NAME*:		DOB*:	SEX: M F
ADDRESS:		PHONE:	
WEIGHT: LBS KG	HEIGHT:	EMAIL:	
ALLERGIES:			

PHYSICIAN INFORMATION		
PHYSICIAN NAME*:		PRACTICE NAME:
ADDRESS:		OFFICE CONTACT*:
PHONE:	FAX:	EMAIL *(FOR UPDATES)*:

LEMTRADA ORDER*:

ICD-10*: ______________________________

*(SELECT **ONE** OF THE FOLLOWING)*

_____ First Course: 12mg/day on 5 consecutive days

_____ Maintenance Dosing: 12mg/day on 3 consecutive days every 12 months.

Okay to infuse at Multiple Locations

Okay to Split Infusions

Physician Signature* ______________________________

Date*(Order is Valid for One Year) ______________________
Infusion will be administered per MPP policy and protocols

REQUIRED DIAGNOSIS:

_____ Relapsing Multiple Sclerosis

_____ Other________________________

REQUIRED DOCUMENTATION CHECKLIST:

_____ Patient Demographics

_____ Insurance Card/Information

_____ Clinical/Progress Notes supporting DX

_____ Current Medication List and H&P

_____ TB Results (if available)-if positive, need negative chest Xray and negative TSpot

Last Infusion/Injection Date: ____________________

STANDING LAB ORDERS: _____ CMP _____ CBC _____ CRP _____ESRP _____ HFR _____UA

____ Labs to be drawn by Infusion Center Frequency ______________________________

NOTES/ADDITIONAL COMMENTS:

Locations:

--------Colorado--------

___ Lakewood

---------Florida---------

___ Fort Myers Coming Soon
___ Jacksonville
___ Kissimmee Coming Soon
___ Port St. Lucie Coming Soon
___ Winter Park Coming Soon

----------Texas----------

___ Arlington
___ Dallas
___ Denton
___ Duncanville
___ Ft. Worth Coming Soon
___ Irving
___ Rockwall Coming Soon
___ Southlake
___ Lewisville
___ Plano
___ Tyler

REVISION DATE- 7/2019