



**TYSABRI® (NATALIZUMAB) 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):	

**TYSABRI ORDER\*:** \_\_\_\_\_    **ICD-10\*:** \_\_\_\_\_  
 (SELECT ONE OF THE FOLLOWING)

\_\_\_\_\_ Dosing: 300 mg IV every \_\_\_\_\_ weeks

Physician Signature\* \_\_\_\_\_    Date\* (Order is Valid for One Year) \_\_\_\_\_  
*Infusion will be administered per MPP policy and protocols*

**REQUIRED DIAGNOSIS:**

Crohn's Disease  
 Multiple Sclerosis  
 Remitting/Relapsing MS (RRMS)  
 Other \_\_\_\_\_

**REQUIRED DOCUMENTATION CHECKLIST:**

Patient Demographics  
 Insurance Card/Information  
 Clinical/Progress Notes supporting DX  
 Current Medication List and H&P  
 JCV Antibody

Current MS Drug: \_\_\_\_\_

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