

Fax Referrals To: (855) 891-2191

**Email Referrals To: MPPReferral@mppinfusion.com** 

Have a Question? (855) 478-1528

## OCREVUS® (OCRELIZUMAB) ORDER FORM \_\_\_STAT REQUEST (\*REASON MUST BE PROVIDED BELOW)

New Referral Order Re		Locations:
PATIENT INFORMATION		Colorado
NAME*: ADDRESS: WEIGHT: LBS KG HEIGHT: ALLERGIES:	DOB*: SEX: M F PHONE: EMAIL:	Lakewood
PHYSICIAN INFORMATION		Florida
PHYSICIAN NAME*: ADDRESS: PHONE: FAX:	PRACTICE NAME:  OFFICE CONTACT*:  EMAIL (FOR UPDATES):	Jacksonville Kissimmee Port St. Lucie Suncoast
OCREVUS ORDER*:  (SELECT ONE OF THE FOLLOWING)  Initial/Loading Dose and then Maintenance Dosing: 300mg IV at 0 and 2 weeks, then 600mg IV every 6 months  OR  Maintenance Dosing: 600mg IV every 6 months  Okay to Infusion After:  Physician Signature*  Date*(Order is Valid for One Year)		Texas  Arlington Cedar Hill Dallas
REQUIRED DIAGNOSIS:	Infusion will be administered per MPP policy and protocols  REQUIRED DOCUMENTATION CHECKLIST:	Denton Ft. Worth Irving Rockwall Southlake Flower Mound Plano Tyler
Relapsing Multiple Sclerosis  Primary Progressive MS  Other  *STAT REASON: (STAT request will be assessed per MPP policy and procedure)  STANDING LAB ORDERS:CMPCBC	Patient DemographicsInsurance Card/InformationClinical/Progress Notes supporting DXCurrent Medication List and H&PHepB Surf Ag (w/in 12 months)HepB Core Ab (w/in 12 months)  Current MS Drug: Pt to Stop Therapy weeks before starting Ocrevus  Last Infusion/Injection Date:	
Labs to be drawn by Infusion Center Fred	quency	
NOTES/ADDITIONAL COMMENTS:		REVISION DATE- 03/2021