Center for Infusion Care
HILLSDALE HOSPITAL
Phone: (517) 212-4336 | **Fax:** (877) 249-1191
hillsdalehospital.com/infusion

☐ **STAT REFERRAL**

NEUROLOGY ORDER FORM

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI_____ DOB:_____

HT: _____ in WT: _____ kg Sex :( ) Male ( ) Female Allergies: ( ) NKDA, _____

_____

Physician Name_____ Contact Name _____ Contact Phone # _____

NPI #:_____ Tax ID#:_____ Fax #: _____

STATEMENT OF MEDICAL NECESSITY

Primary Diagnosis: ICD 10 + Description:_____ Date of Diagnosis:_____

PERTINENT MEDICAL HISTORY

Does patient have venous access? ☐ **YES** ☐ **NO** **If yes, what type** ☐ **MEDIPORT** ☐ **PIV** ☐ **PICC LINE** ☐ **OTHER:**_____

PRESCRIPTION ORDERS:

a) ALL MEDIPORTS / IV ACCESSES WILL BE FLUSHED WITH SALINE OR HEPARIN PER HOSPITAL PROTOCOL

b) ALL PRODUCTS WILL BE PREPARED AND ADMINISTERED PER STANDARD PHARMACY CONCENTRATIONS AND HOSPITAL POLICY

SELECT	MEDICATION / DOSE	ROUTE	RATE	FREQUENCY	DURATION
	TYSABRI 300MG ***PATIENT WILL BE OBSERVED FOR 1 HOUR POST INFUSION**	**IV**	**Over 1 Hour**		**12 MONTHS**
	OCREVUS LOADING DOSES	**IV**		**300 mg at 0, 2 weeks, then 600mg once every 6 months**	
	OCREVUS 600MG MAINTANENCE DOSES	**IV**		**Once every 6 months**	
	SOLU-MEDROL _____ MG/ _____ML	**IV**			

PREMEDS

SELECT	MEDICATION	DOSE	ROUTE
	BENADRYL		
	ACETAMINOPHEN		
	SOLUMEDROL		
	OXYGEN		
	FAMOTIDINE		
	Other:		
	Other:		

LABS

SELECT	LAB REQUESTED	WHEN	FREQUENCY
	BMP	**( ) PRIOR ( ) POST**	
	CMP	**( ) PRIOR ( ) POST**	
	BUN/CREATININE	**( ) PRIOR ( ) POST**	
	JCV ANTIBODY (Patients taking Tysabri)	**(X) PRIOR ( ) POST**	**EVERY 6 MONTHS**
	CRP	**( ) PRIOR ( ) POST**	
	ESR	**( ) PRIOR ( ) POST**	
	Other:		

NOTES/INSTRUCTIONS/COMMENTS/SPECIFIC BRAND OR TITRATION ORDERS FOR IVIG:

Physician's Signature _____ **Time**_____ **Date**_____
**Signature Must Be Clear and Legible*

Cosignature (If Required)_____ **Time**_____ **Date**_____
**Signature Must Be Clear and Legible*

Fax completed form, supporting documentation, facesheet, and insurance cards to the Outpatient Infusion Center at 1 (877) 249-1191.