

PATIENT DEMOGRAPHICS

Insurance Information: Please attach copy of insurance card front and back (required)

Patient Name: Address: Allergies: DOB: City/ST/Zip: Weight: Height: Phone: NKDA lbs kg in cm

DIAGNOSIS\*

ICD-10 CODE (required)

Please complete 2nd and 3rd digits to complete ICD-10 for billing

- G35.A Relapsing Remitting Multiple Sclerosis (RRMS)
G35.B0 Primary Progressive Multiple Sclerosis (PPMS), unspecified
G35.B1 Active Primary Progressive Multiple Sclerosis (PPMS)
G35.B2 Non-Active Primary Progressive Multiple Sclerosis (PPMS)
G35.C1 Active Secondary Progressive Multiple Sclerosis (SPMS)
G35.D Multiple Sclerosis, Unspecified
Other: ICD-10

INFUSION ORDERS

Table with columns: MEDICATION, DOSE, DIRECTIONS/DURATION. Includes Ocrevus (ocrelizumab) with initial and maintenance dosages and infusion directions.

Is patient currently receiving therapy above from another facility? If yes, Facility Name: Date of last treatment: Date of next treatment:

OTHER ORDERS

LAB ORDERS: Labs to be drawn by: Pre-Medication Orders: No premeds ordered at this time, Acetaminophen 650mg PO, Diphenhydramine 25mg PO, Methylprednisolone 40mg IVP, Hydrocortisone 100mg IV

REFERRING PHYSICIAN INFORMATION

Physician Signature: Date: Physician Name: Provider NPI: Specialty: Address: City/ST/Zip: Contact Person: Phone #: Fax #: Email Where Follow Up Documentation Should Be Sent:

REQUIRED CLINICAL DOCUMENTATION

Please attach medical records: Initial H&P, current MD progress notes, medication list, and labs/test results to support diagnosis

TEST RESULTS (required)

- Hepatitis B Screening for Ocrevus (submit results to start therapy)
JC virus (JCV) antibody testing for Tysabri (submit results to start therapy and every 6 months to continue therapy)
Meningococcal vaccination for Soliris (must be completed at least 2 weeks prior to starting therapy)

DIAGNOSTIC TEST RESULTS (please attach copy for all items checked)

- For ALS: ALS Functional Rating Scale-revised (ALSFRS-r), Pulmonary function test
For CIDP: Electromyography (EMG) and Nerve conduction velocity (NCV) tests, Lumbar puncture test, Nerve biopsy report, Neurological Rankin Scale Score
For MMN: Electromyography (EMG) and Nerve conduction velocity (NCV) tests, anti-GM1 antibodies, Lumbar puncture test
For Myasthenia Gravis: Acetylcholine receptor (AChR) antibodies, Baseline MG-Activities of Daily Living (MG-ADL) Evaluation

PRIOR FAILED THERAPIES (including DMARDs, immunosuppressants, and biologics)

Medication Failed: Dates of Treatment: Reason for D/C: (repeated for multiple medications)