

Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629



Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
Fax: 937-401-6629

Tysabri® (natalizumab) Order Form
Epic Referral: REF115234

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

***** Patients must be enrolled in the REMS program called the TOUCH program prior to referral to Kettering Health Infusion Center. *****

Rx:

- IV natalizumab (Tysabri) 300 mg in 100 mL 0.9% NaCl infused over 60 minutes
- Flush line with 50 mL of 0.9% NaCl after infusion to ensure entire dose is given.

Frequency: Every 4 weeks Other: _____

Order good for: 6 months 1 year Other duration: _____

Last date of JCV draw: _____ (fax results with order)

Draw JCV every 3 months at Kettering Health Washington Township Infusion Center

Other Labs to be drawn onsite: _____

Lab frequency: _____

Other Orders/Comments: _____

*Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port**

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____