Chicago Neurological Services
2219 W Belmont Chicago, IL 60618
Phone 773-904-7101 **Fax** 708-660-6901

Infusion Referral Form

Patient Name _____ SSN# _____ Phone# _____

Address _____APT# _____ City _____ State _____ Zip Code _____

DOB _____ HT _____ WT _____ Emergency Contact _____ Phone # _____

Allergies _____ Diagnosis _____

Primary Insurance Carrier_____ Primary Insurance Phone# _____

Card Holder ID _____ Group# _____***Please Attach Copy of Card***

Line Type ☐ **Peripheral** ☐ **Port**

- ☐ Tysabri 300 mg IV q28 days
- ☐ Ocrevus (initial dose 300 mg IV x 2 doses two weeks apart followed by 600 mg IV in 6 months Q6months)
- ☐ Soliris (meningococcal vaccination is required prior to initiation of therapy) ☐ Induction ☐ Maintenance therapy
- ☐ Radicava 60mg IV daily x 14 days followed by 60 mg IV x 10 days in two weeks Q14 days
- ☐ Other _____

To expedite insurance approval, please attach history/physical, most recent labs, current medication list, and MRI findings

Lab Orders:

_____

_____

Pre-Medications **(medications in this section are a single dose prior to IV administration or other meds, unless otherwise indicated)**

- ☐ Acetaminophen 650 mg P.O
- ☐ Acetaminophen 1000 mg P.O
- ☐ Diphenhydramine 25 mg PO IV
- ☐ Diphenhydramine 50 mg PO IV
- ☐ Methylprednisolone (Solu-Medrol) _____ mg IV
- ☐ Other _____
  _____

PRN Medications

- ☐ Diphenhydramine HCl _____ mg IV x1 PRN for infusion hypersensitivity
- ☐ Topical Anesthetic cream apply to skin prior to PIV catheter insertion as needed for pain
- ☐ Solu-Medrol _____ mg IV x1 PRN for hypersensitivity
- ☐ Zofran _____ mg IV x 1 prn nausea

Anaphylaxis and ADR Prevention Kit Orders

- ☐ Per Pharmacy protocol (Epinephrine, Diphenhydramine oral/injectable, acetaminophen, NS bag)
- ☐ Oxygen inhalation at _____ liters/min via NC/Face mask

Prescriber Info

Prescriber _____ Office _____ Contact _____

Office Address _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____ NPI# _____ DEA# _____

Prescriber Signature _____ Date _____ Start of Care Date _____

For Insurance compliance, the prescribing physician must sign Rx, no stamps or nurse signatures