

**PLEASE ATTACH THE FOLLOWING SO WE CAN MOST EFFICIENTLY PROCESS THE PATIENT'S ORDER**

- Patient Demographics  
  Insurance card  
  Progress Notes supporting DX  
  Hepatitis B Results  
 Quantitative serum immunoglobulin screening

**PATIENT**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_ Weight:  lbs  kg  
 Allergies: \_\_\_\_\_  NKDA  
**Patient status:**  
  New to therapy  
  Continuing therapy  
 Last Treatment Date: \_\_\_\_\_  
 Next Treatment Date: \_\_\_\_\_

**DIAGNOSIS ICD-10 code (must be specified)**

- Relapsing-remitting multiple sclerosis, ICD 10: G35.A  
 Primary progressive multiple sclerosis, unspecified, ICD 10: G35.B0  
 Active primary progressive multiple sclerosis, ICD 10: G35.B1  
 Non-active primary progressive multiple sclerosis, ICD 10: G35.B2  
 Secondary progressive multiple sclerosis, unspecified, ICD 10: G35.C0  
 Active secondary progressive multiple sclerosis, ICD 10: G35.C1  
 Non-active secondary progressive multiple sclerosis, ICD 10: G35.C2  
 Multiple sclerosis, unspecified, ICD 10: G35.D

**\*\*Disclaimer: After 10/1/2025 you must specify which type of MS per CMS guidelines.**

**PROVIDER**

Provider Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
 Practice Name: \_\_\_\_\_ Referral Coordinator Name: \_\_\_\_\_  
 Practice Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PRE-MEDICATION**

- Acetaminophen (Tylenol) PO                       500 mg                       650 mg                       1000 mg  
 Diphenhydramine (Benadryl) PO                       25 mg                       50 mg  
 Dexamethasone PO                       20 mg  
 Cetirizine (Zyrtec) 10 mg PO  
 Other: \_\_\_\_\_

**THERAPY ADMINISTRATION**

Medication	Dose	Frequency
<input checked="" type="checkbox"/> Ocrevus Zunovo (Ocrelizumab), SQ	<input checked="" type="checkbox"/> 920mg ocrelizumab	<input checked="" type="checkbox"/> every 6 months

- Refills  Zero  12 months  \_\_\_\_\_      Order valid for 1 year unless otherwise stated. \_\_\_\_\_  
 Flush with 0.9% sodium chloride at infusion completion. Inject over 10 minutes  
 Monitor patients for at least one hour after the initial injection, and for at least 15 minutes after subsequent injections  
 Provide nursing care per Uptiv Health Nursing Procedures, including reaction management and post-procedure observation.

**LABORATORY ORDERS**

- CBC                       at each dose                       every \_\_\_\_\_  
 CMP                       at each dose                       every \_\_\_\_\_  
 CRP                       at each dose                       every \_\_\_\_\_  
 Other \_\_\_\_\_                       at each dose                       every \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_