



Nucara Pharmacy Nucara Infusion Center
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 Austin, TX 78757 Austin, TX 78757
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 Fax: 512-524-1801 Fax: 512-524-1801

Patient Name: _____

DOB: _____ Wt(kg): _____

Allergies: _____ Phone: _____

Tysabri (Natalizumab) Infusion Orders

Required Information:

Signed order from prescribing provider
 Patient demographics including insurance information
 Supporting clinical documentation: Visit notes, lab & imaging results
 Last TB & Hep B results
 Tysabri TOUCH ID: _____

Primary Diagnosis:

Multiple Sclerosis(ICD-10: _____)
 Crohn's Disease (ICD-10: _____)
 Other: _____(ICD-10: _____)

TYSABRI ORDERS

Tysabri 300mg every 4 weeks

Tysabri 300mg every ____ weeks

Date of Last Tysabri: _____

Administered per manufacturer guidelines

PRE-MEDICATIONS

PO Tylenol ____ mg
 PO Cetirizine ____ mg
 IV Solu-medrol ____ mg

PO Loratadine ____ mg
 PO IV Diphenhydramine ____ mg
 PO IV Other: _____ mg

LABS

CBC ESR Uric Acid
 CMP TB Quantiferon Gold Other: _____
 CRP Hep B Core/Surface AG Other: _____

Frequency: Every Infusion
 Every Other Infusion
 One time only
 Other: _____
 CPL Acct #: _____

ADDITIONAL INSTUCTIONS

Please include accommodations to be made for the patient, catheter care, prn orders, etc.

Physician Name:	Phone:	Fax:
Physician Signature:	NPI:	Date: