

PATIENT INFORMATION
 Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S) (FRONT AND BACK)
MEDICAL INFORMATION

 Diagnosis: Multiple Sclerosis (ICD-10 Code: _____)
 Relapsing-Remitting Primary-Progressive
 Secondary-Progressive Progressive-Relapsing

Patient Weight: _____ lbs.

Allergies: _____

-
- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached
-
-
- Hepatitis B surface antigen and Hepatitis B Core total antibody required
-
-
- Last MRI

Labs: Required labs to be drawn be: Infusion Clinic Referring Physician

Lab Orders: _____

OCREVUS ORDERS
Ocrevus **Loading Dose:** 300mg IV at 0 and 2 weeks, then 600mg IV every 6 months
 Subsequent Dose: 600mg IV every 6 months

Protocol Pre-Medication Orders: Solu-medrol 100mg IV and Benadryl 25mg PO to be given 30 minutes before infusion

****Date of last** Rebif Betaseron Avonex Tysabri dose: _____

ADDITIONAL ORDERS/COMMENTS
PHYSICIAN INFORMATION

 By signing this form and utilizing our services, you are authorizing *Paragon Healthcare, Inc.* and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____ Physician Name: _____ Date: _____

Phone: _____ Fax: _____ Contact Person: _____

INFUSION CENTER LOCATIONS
 Alpharetta, GA Arlington, TX Atlanta, GA Austin, TX Bee Cave, TX Birmingham, AL Cape Coral, FL Clear Lake, TX Clearwater, FL Coppell, TX Creve Coeur, MO Dallas, TX
 Decatur, GA Denver, CO El Paso East, TX El Paso West, TX Fort Myers, FL Fort Worth, TX Hendersonville, TN Houston, TX Huntsville, AL Independence, MI Kansas City, MI
 Knoxville, TN Kyle, TX Lubbock, TX Montgomery, AL Murfreesboro, TN Naples, FL Nashville, TN North Hills, TX Plano, TX Round Rock, TX San Antonio, TX Sarasota, FL
 Smyrna, GA St. Louis, MI Stone Oak, TX Waco, TX West Houston, TX The Woodlands, TX Other: _____

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