



Infusion Associates  
 3230 Eagle Park NE, Suite 101  
 Grand Rapids, MI 49525  
 Phone: 616-954-0600 Fax: 616-954-1675

**Tysabri ORDERS**  
**(natalizumab)**

*\*Please fax a copy of patient's Demographics, Insurance information, Current Lab Results, H&P, and Current Medications*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ lbs / kg Height: \_\_\_\_\_

DX CODES: ICD-10 : \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

LABS to be drawn with infusion: : \_\_\_\_\_

Lab Frequency:

Other: \_\_\_\_\_

Pre- Medications: (usually not indicated): \_\_\_\_\_

**Tysabri (natalizumab) IV Dosage:**

**300 mg IV q 28 days**

Rx Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INFUSE OVER 60 MINUTES**

Printed Provider's Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_