NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

Tysabri (Natalizumab) Order Form—J2323

Patient Name | Middle | Last | DOB

Diagnosis | Diagnosis Code

Height (cm) | Actual Weight (kg) | Allergies

Please list any premeds needed.

Patients/providers **MUST** be enrolled in the touch REMS program.

- ◯ Patient is enrolled in the TOUCH REMS program through _____
- ◯ Multiple sclerosis: IV: 300 mg infused over 1 hour every 4 weeks
- ◯ Multiple sclerosis: IV: 300 mg infused over 1 hour every 6 weeks
  Orders valid through: _____ *MAX OF 6 MONTHS*
- ◯ Crohn's disease: IV: 300 mg infused over 1 hour every 4 weeks
  Orders valid through: _____ *MAX OF 6 MONTHS*

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name | Provider Signature

Date | Phone | Fax | Pager