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Date Medication Needed

Ship to: Patient Prescriber Other: _____

Neurology Referral Form
 Infusion Medications

This referral form is provided in order to best serve our patients and prescribers. Patients may choose any pharmacy of their choice.

Complete patient demographics below or otherwise provide the information requested along with this referral form. Also needed: 1) Patient insurance information (front and back of card) 2) History and physical, chart notes, laboratory results and other diagnostic tests needed to support the use of this medication 3) patient's medication history related to their current diagnosis/problem.

Patient name: _____ Date of birth: _____ height: _____ weight: _____

Address: _____ Allergies/Intolerances: _____

Phone number(s): _____ No known allergies: _____

Treatment Diagnosis/Problem(s): _____

Prescriber name: _____ Contact person: _____

Office Address: _____

Phone number: _____ Fax number: _____ NPI number: _____

Prescription Information

Solumedrol (methylprednisolone) _____ gram in NS 100 ml NS 250 ml IV over 1 hour daily for _____ days

Novantrone (mitoxantrone): 12 mg/m² intravenously every 3 months: **Contact the MedRx Infusion clinical pharmacist to discuss.** Lifetime dosage restrictions, cardiac function tests and other criteria apply.

* Tysabri (natalizumab) is available only through registered infusion centers participating in the TOUCH® Prescribing Program. To locate these infusion centers, contact Biogen Idec at 1-800-456-2255.

*Use the separate form for immunoglobulin therapy. Call MedRx to discuss.

Therapy is going to be administered physicians office infusion suite in patients home Note: supplies and diluents for physician office and infusion suite use may need to be ordered separately.

Home Health care nursing is needed to infuse medication at home, which may include reconstitution and dilution of the medication according the manufacturer's or pharmacist's instructions, accessing a vein for infusion intravenously, maintaining the intravenous catheter per nursing and MedRx protocol, as well as assessing the patient's response and tolerance to therapy.

Med Rx will supply the following for in home infusions: Note: First lifetime doses generally should not be given at home. Consult with the Pharmacist to discuss: Medication requires that anaphylaxis kit (epinephrine, diphenhydramine) be on hand at home for these infusions per MedRx and nursing policy and procedure. Supplies to administer which may include an infusion pump, supplies to maintain venous access, including heparin 100 u/ml flush and sodium chloride 0.9% flush.

Patient has an existing intravenous access device (catheter type) _____ date placed _____ and will require Home Health to maintain the intravenous catheter and MedRx to provide supplies needed

Physicians Signature: _____ Date: _____

IMPORTANT NOTICE: This form may contain confidential and privileged information and is only intended only for the person named herein. If you are not the named addressee, do not disseminate, distribute or copy this form or any of its contents. Please notify the sender immediately if you have received this document by mistake, then destroy this form.