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(alemtuzumab)

LEMTRADA infusion orders

Patient Name _____ DOB _____

Phone _____ M O F O

DIAGNOSIS Please provide ICD-10 code

_____ Multiple Sclerosis _____ (other)

PRE-MEDICATION

Tylenol 1000mg IV Diphenhydramine 25mg IVP
 Diphenhydramine 25mg IV _____ (other)
 Cetirizine 10mg IV _____ (other)

LEMTRADA ORDERS

DOSAGE

12mg IV each day for 5 consecutive days
 12mg IV each day for 3 consecutive days - 12 months after first treatment course

PREMEDICATION PER PRESCRIBING INFORMATION

Solu-medrol 1gm IV for days 1-3 of each course

PATIENT WEIGHT

_____ lbs.
_____ kg

NOTES

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____