



PATIENT INFORMATION

Patient Name: _____ DOB: _____ Gender: M F
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____ Ht: _____ Wt: _____
Please Attach: Insurance cards History & Physical Most recent labs Medication list
 NKDA Allergies: _____

PRESCRIBER INFORMATION

Ordering Provider Name: _____
Provider NPI: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ ZIP: _____

REQUIRED INFORMATION

Documentation:
 Recent clinical and/or office notes
 Most recent labs including anti-JCV antibody testing
 Tried and failed therapies/medication (please list) _____

MEDICATION ORDERS

ICD-10 Diagnosis Codes: G35 Multiple Sclerosis K50.0 Crohn's Disease
 New to Therapy Continuation of Therapy: Date of last dose (if applicable): _____

Pre-medication:
 Acetaminophen 1000mg PO Solu-Medrol 125mg IVP
 Diphenhydramine 25mg PO Solu-Cortef 100mg IVP
 Ceterizine 10mg PO Diphenhydramine 25mg IVP

DOSING/FREQUENCY:
 Tyruko is administered as an intravenous infusion
 300 mg in 100 ml 0.9% sodium chloride, IV infusion administered over 60 minutes every 4 weeks
 Refills: _____ (if not indicated prescription will expire one year from date signed)

Sage Infusion Standing Orders:
 Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name _____ Provider Signature _____ Date _____

- Fax Number
 Brandon: (656) 218-9643
 Clearwater: (727) 977-9717
 Fort Myers: (239) 533-5962
 Gainesville: (352) 450-8886
 Lakeland: (863) 777-2528
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 Orlando: (407) 792-6558
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