

Please note this referral is for the administration of therapy only, this DOES NOT constitute a referral for investigation or other management

Patient

Name: _____ DOB: _____

Phone: _____ Medicare No: _____ Ref No: _____

Indication for referred therapy:

Allergies: _____ Weight: _____ Fluid Restriction: **Yes / No**

Pregnant? **No / Yes:** *Gestation in weeks:* _____

**** Please issue a valid script to patient for all requested drugs ****

The prescriber assumes all responsibility for the completion and review of relevant screening tests

Multiple Sclerosis

I confirm required infectious disease screening have been completed **Yes No**

Ocrevus (Ocrelizumab): ☐ Induction: 2 x 300mg **IVI**, 2 weeks apart ☐ Maintenance: 600mg **IVI**, every 6 months

☐ Tysabri® (Natalizumab): 300mg **IVI**, every 4 weeks **Duration (Months):** _____

Migraine

☐ Vyepti (Eptinezumab): ☐ 100mg **IVI**, every 12 weeks ☐ 300mg **IVI**, every 12 weeks **Duration (Months):** _____

Myasthenia Gravis Immunotherapy

☐ Vyvgart (Efgartigimod alfa-fcab): 10mg/kg **IVI**, every 4 weeks ☐ Patient **>119kg** = 1,200mg **IVI**, every 4 weeks

Duration (Months): _____

Alzheimer's Disease

☐ **Kisunla (Donanemab):** I confirm baseline MRI and ongoing MRI monitoring will be managed by Infusion Network **Yes / No**

☐ **Infusion 1:** 350m **IVI**

☐ **Infusion 2:** 700mg **IVI**

☐ **Infusion 3:** 1050mg **IVI**

☐ **Infusion 4 to 18:** 1400mg **IVI**, every 4 weeks **Duration (Months):** _____

Additional Instructions: _____

☐ **Legembi (Lecanemab):** I confirm baseline MRI and ongoing MRI monitoring will be managed by Infusion Network **Yes / No**

☐ 10mg/kg **IVI**, every 2 weeks **Duration (Months):** _____

Additional Instructions: _____

Referring Doctor I apply for infusion care

By signing below, I am the prescribing specialist and confirm this prescription's clinically appropriate and without contraindication. I confirm all required pre-treatment screening and monitoring have been arranged and informed consent has been obtained. Clinical responsibility rests with the prescriber, and Infusion Network administers medication in accordance with this prescription.

Doctor's Name: _____ Provider No: _____

Practice Address: _____ Phone No: _____

Doctor's Signature: _____ **Date:** _____

Address

Box Hill

Suite 2.02, 116-118 Thames St, Box Hill VIC 3065
(Opposite Box Hill Hospital)

Melbourne

Suite 3, Level 4, 517 St Kilda Rd, Melbourne VIC 3004
(Opposite The Alfred Hospital)

Essential Patient Information

- Please note there is no facility provided for the care of children, and for safety reasons children cannot accompany you into the infusion room
- Payment is required on the day (Visa, Mastercard, EFTPOS or cash)
- Complimentary Wi-Fi is available
- Bring a jacket or a scarf in case you get cold during the infusion
- For patient privacy, we ask that any person accompanying you remains in the waiting room
- Wear loose clothing so your sleeve can be rolled up above the elbow to allow insertion of the cannula
- Eat normally and drink fluids beforehand. Unless your doctor has advised a fluid restriction, drink 2 glasses of water in the 1-2 hours before your appointment to help with insertion. If you have a heart or kidney condition, follow your doctor's advice regarding fluid intake

If you suffer from a heart or kidney condition, please ask your doctor the appropriate amount of hydration (fluid intake) you should have prior to the infusion

Intravenous (IV) Infusions

For the purpose of administering intravenous (IV) fluids, or medications, directly into the blood circulation, an IV cannula is inserted into a vein. At Infusion Network, the IV cannula will be inserted by a trained nurse.

To ensure a safe infusion a large vein is selected, usually in the forearm. A tourniquet is applied, then a small plastic tube (cannula) is inserted into the vein via a needle. Once the cannula is inserted the needle is removed, leaving the soft cannula in the vein for administration of the medication and/or IV fluid. The tourniquet is removed, and a dressing applied to secure the cannula.

Discomfort should be minimal and disappears soon after the needle is removed from the cannula.

The medication and/or IV fluid is then attached to the cannula for administration into the vein.

Following completion of the infusion the cannula is removed and pressure is applied to the site to stop any bleeding.

Bruising and irritation may occur at the cannula site for several days following the infusion. There is a small risk of infection with any medical procedure, **please monitor the IV site over the next 7 days for redness or pain**. Should either occur you should see your doctor for further assessment and any required treatment.