MONTGOMERY CANCER CENTER
A BAPTIST MEDICAL CENTER SOUTH FACILITY

MEDICATION ORDERS

METHYLPREDNISOLONE

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS		
❑ New Referral	❑ Dose or Frequency Change	❑ Order Renewal

INFUSION OFFICE PREFERENCE (Optional)		
Preferred Location:	❑ Montgomery	❑ Prattville

DIAGNOSIS AND ICD 10 CODE	
❑ Multiple Sclerosis (MS) Exacerbation	ICD10 Code: G35
❑ Other:_____	ICD 10 Code: _____

REQUIRED DOCUMENTATION/TESTING	
❑ This signed order form by the provider	❑ Clinical/Progress notes
❑ Patient demographics AND insurance information	❑ Labs and Tests supporting primary diagnosis

MEDICATION ORDERS	
Dosing	❑ Methylprednisolone 1gm IV every day for a total of 5 doses ❑ Methylprednisolone 1gm IV _____ ❑ Other: _____

Refills: ❑ x 6 months ❑ x 1 year ❑ _____ doses

- New orders and progress notes required at least once yearly. A medication substitution may be required based on insurance payer policy due to preferred versus non-preferred medications or based on payer step therapy guidelines.
- Please note: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing the medication.

PROVIDER INFORMATION			
Office Contact Name:			
Prescribing Providers Name:		Provider NPI:	
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		
Physician Signature:	Date:		

Contact us with questions at: Montgomery (334) 273-7000 or Prattville (334) 351-1000

Fax completed form and all documentation to Montgomery (334) 260-2011 or Prattville (334) 358-1207