Subspecialist Referral: NEUROLOGY

the Infusion CLINIC
Dr Adrian Sartoretto and Associates

Level 1 | 66 High Street
RANDWICK NSW 2031
p: **1300 122 300**
f: 1300 122 399
e: reception@infusionclinic.com.au

Level 3 | Suite 305 | 161 Bigge St
LIVERPOOL NSW 2170
p:**1300 122 600**
f: 1300 122 699
e: liverpool@infusionclinic.com.au

Level 1 | 517 St Kilda Road
MELBOURNE VIC 3004
p:**1300 122 400**
f: 1300 122 499
e: melbourne@infusionclinic.com.au

www.infusionclinic.com.au

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:** .....

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

ANTI-AMYLOID MONOCLONALS

☐ **KISUNLA (*Donanemab*):** *I confirm baseline MRI and ongoing MRI monitoring have been arranged in accordance with current prescribing guidelines.* ☐ Yes ☐ No

- ☐ **Infusion 1**: 350m **IVI**
- ☐ **Infusion 2:** 700mg **IVI**
- ☐ **Infusion 3:** 1050mg **IVI**
- ☐ **Infusions 4 to 18:** 1400 mg **IVI**, every 4 weeks **Duration** (months): .....

Additional Instructions:

☐ **LEQEMBI (*Lecanemab*):** *I confirm baseline MRI and ongoing MRI monitoring have been arranged in accordance with current prescribing guidelines.* ☐ Yes ☐ No

- ☐ 10mg / kg **IVI**, every 2 weeks **Duration** (months): .....

Additional Instructions:

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 **Duration** (months): .....

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

MIGRAINE (CRGP MONOCLONALS)

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

MYASTHENIA GRAVIS IMMUNOTHERAPY

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

Duration (months): .....

REFERRING DOCTOR (NEW REFERRAL IS REQUIRED WTH EACH NEW PRESCRIPTION. Drs signature essential for valid order.)

By signing below, I am the prescribing specialist and confirm this prescription is clinically appropriate and without contraindication. I confirm all required pre-treatment screening and monitoring (including MRI where applicable) have been arranged and informed consent has been obtained. Clinical responsibility rests with the prescriber, and The Infusion Clinic administers medication in accordance with this prescription.

Subspecialist's Name: ..... **Provider no.:** .....

Practice Address: ..... **Phone number:** .....

Subspecialist's Signature: ..... **Date:** .....

☐ Please send correspondence **via *HealthLink***

☐ Please send ***referral pads***

*****Referrer MUST have completed referrer registration at www.infusionclinic.com.au/registration/**

ABN: 52 168 930 818

the Infusion CLINIC

RANDWICK

Address:
Level 1 | Wales Medical Centre
66 High Street | RANDWICK

Parking:
Royal Randwick Shopping Centre

Light Rail Stop:
Randwick

Phone: 1300 122 300

Email:
reception@infusionclinic.com.au

Appointments:
Monday to Saturday

LIVERPOOL

Address:
Level 3 | Suite 305
161 Bigge Street | LIVERPOOL

Parking:
Warren Serviceway Parking Station

Train:
Liverpool Railway Station

Phone: 1300 122 600

Email:
liverpool@infusionclinic.com.au

Appointments:
Monday to Friday

MELBOURNE

Address:
Level 1 | Suite 2
517 St Kilda Road | MELBOURNE
(300m from The Alfred Hospital)

Tram Stops:
Commercial Road / St Kilda Road
Alfred Hospital

Phone: 1300 122 400

Email:
melbourne@infusionclinic.com.au

Appointments:
Monday to Friday

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 IV 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 *The Infusion Clinic*, 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.

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