



MS Patient Services Enrollment Form

Patient Information

Name: _____ DOB (DD/MM/YYYY): ____/____/____

Address: _____

Home #: _____ Cell #: _____ Email: _____

Allergies: _____ Intended MS Therapy: _____

Patient to be initially contacted via: call email Best time to reach patient: morning afternoon evening anytime

Patient authorization to leave voicemail:

Patient consents to AccessLink receiving and using the information on this form for PSP enrollment and AccessLink contacting the patient

Verbal Consent Received by: _____ Date of consent: _____

Vaccine Prescription

Hepatitis A and B

Twinrix (Rapid Dosing) - One 1mL dose IM on Day 0, Day 7, and Day 21, followed by a Booster at 12 months

Hepatitis B (Rapid Dosing)

Engerix-B - One 1mL dose IM at day 0, 7 and 21, followed by a booster at 12 months.

Measles, Mumps, Rubella (Live-attenuated Vaccine)

M-M-R II - One 0.5mL dose subcut
GP to provide MMR, no dispensing required. Accesslink to obtain results

Varicella (Live-attenuated Vaccine)

Varivax - One 0.5mL dose subcut followed by a second 0.5mL dose 4-8 weeks later
Varivax - One 0.5mL dose subcut

Shingles

Shingrix - One 50 mcg (0.5 mL) dose IM at month 0, followed by a second 50 mcg dose IM between 2 and 6 months later
Other Instructions: _____

Pneumococcus

Pevnar 20 - One 0.5 mL dose IM

Human Papillomavirus

Gardasil 9 - One 0.5mL dose IM at month 0, 2 and 6.

Tetanus, Diphtheria, Pertussis (and Poliomyelitis)

Adacel - One 0.5mL dose IM

Other Instructions: _____

Is patient vaccine history confirmed to indicate appropriateness of the selected vaccines? Yes No

Family Physician Name: _____ Phone #: _____ Fax #: _____

TB Screening

Patient requires TB-QuantIFERON testing prior to starting therapy Patient requires TB Mantoux testing prior to starting therapy

Prescriber Info and Authorization

Clinic Contact: _____ Address: _____ Email: _____

Phone: _____ Fax: _____ Pharmacy to dispense: _____

Prescriber Name: _____ License#: _____

Prescriber Signature: _____ Date: _____ Opt-Out of Post-Injection Report:

Prescriber Certification.

This prescription represents the original of the prescription drug order.
The pharmacy address noted above is the only intended recipient and there are no others.
The original prescription has been invalidated and securely filed, and it will not be transmitted elsewhere at another time.