Cerezyme

INFUSION FOR HEALTH
InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: _____ Treatment Location: _____

PROVIDERS: Please include the following to expedite the order.

Most Recent Office Visit Note, Insurance Info, Medication List
Lab test negative for IgG antibody formation
CBC, CMP, Liver Function Test (LFT), evidence of bone disease
Positive beta-glucosidase leukocyte (BGL) test

PATIENT INFORMATION

Patient Name: _____

Patient Contact Number: _____

DOB: _____

Allergies: _____

Weight: _____ ○ lbs / ○ kg Height: _____

Diagnosis: ☐ E75.2 ☐ D64.9 ☐ D69.6 ☐ M89.9 ☐ R16.0 ☐ R16.1

Other Dx/ICD10: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

The following medications will be administered per prescribing information:

☐ No Premeds

Center will use Hypersensitivity protocol established by Infusion for Health and P.I

CEREZYME

Date of Last Treatment, If Continuation:

The recommended dosage ranges from 2.5 units/kg three times a week to 60 units/kg once every two weeks IV

_____ units/kg three times a week IV **OR** _____ units/kg once every two weeks IV

Route: ☑ IV

To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.

Lab Orders: ☐ List: _____

☐ Prior to first appointment ☐ Prior to each infusion ☐ Other Frequency: _____

☐ Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

☐ Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.