Kanuma

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, Patient Demographic & Insurance Information, Medication List, CBC, CMP

PATIENT INFORMATION

Patient Name: ______________

Patient Contact Number: ______________

DOB: ______________

Allergies: ______________

Weight: ______________ lbs / kg Height: ______________

Diagnosis: ☐ E77.0 Defects in post-translational modification of lysosomal enzymes
☐ E75.5 Other lipid storage disorders

Other Dx/ICD10: ______________

PRESCRIBER INFORMATION

Prescriber's Name: ______________

Signature: ______________

NPI: ______________ Date: ______________

Phone: ______________ Fax: ______________

Office Address: ______________

Contact Person: ______________

Contact Email: ______________

PREMEDS

☐ No Premeds ☐ Other:

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

KANUMA DOSAGE

Date of Last Treatment, If Continuation: ______________

Patient Weight in kg: ______________ **Onset of Treatment:** ______________

☐ **1 mg/kg IV once every other week**

☐ **3 mg/kg once every other week**

Route: ☑ IV Frequency: Once every other week

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 ☐ 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.