Naglazyme

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, relevant office visit note.
Patient demographic and insurance information. Medication list.

PATIENT INFORMATION

Patient Name: ______________________

Patient Contact Number: ______________________

DOB: ______________________

Allergies: ______________________

Weight: __________ lbs / kg Height: __________

Diagnosis: ☐ E76.3, mucopolysaccharidosis, unspecified
☐ E76.29, Other mucopolysaccharidosis

Other Dx/ICD10: ______________________

PRESCRIBER INFORMATION

Prescriber's Name: ______________________

Signature: ______________________

NPI: __________ Date: __________

Phone: __________ Fax: __________

Office Address: ______________________

Contact Person: ______________________

Contact Email: ______________________

PRE-MEDICATIONS:

Pretreatment with antihistamines with or without antipyretics is recommended 30 to 60 minutes prior to the start of the infusion.

☐ Diphenhydramine ☐ 25mg ☐ 50mg ☐ PO ☐ IV ☐ Other __________

☐ Acetaminophen ☐ 325mg ☐ 500mg ☐ 650mg ☐ 1000mg ☑ PO ☐ Other __________

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

NAGLAZYME DOSAGE

Date of Last Treatment, If Continuation:

Administer Naglazyme 1mg/kg weekly

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 ☐ 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.