

Treatment Location: _____

PROVIDERS: Please include the following to expedite the order:
Patient Demographics, Most Recent Office Visit Note, Insurance Information

PATIENT INFORMATIONReferral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ Patient Phone: _____ DOB: _____

ICD-10 code (required): E76.29 ICD Description: _____

Allergies: _____ Weight (lbs/kg): _____ Height: _____

Patient Status: New to Therapy Continuing Therapy Last Treatment Date: _____ Next Due Date: _____**PROVIDER INFORMATION**

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip: _____

NURSING Center will use Hypersensitivity protocol established by Infusion for Health and PI**PRE-MEDICATION ORDERS**

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

 Diphenhydramine 25mg / 50mg PO / IV
 Acetaminophen 325mg / 500mg / 650mg PO
 Other: _____
Dose: _____ Route: _____ Frequency: _____**SPECIAL INSTRUCTIONS:****LABORATORY ORDERS** CBC at each dose every _____
 CMP at each dose every _____
 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.**THERAPY ADMINISTRATION** Naglazyme Intravenous Infusion
Dose: 1 mg/kg once weekly
(round up to the next whole vial)
 Refills: Zero / for 12 months / _____
(if not indicated order will expire one year from date signed)

To ensure that a brand name product is dispensed, the prescriber must handwrite "Brand Medically Necessary" on the prescription form. If not indicated, I4H is authorized to administer a generic or biosimilar.

Provider Name (Print) Provider Signature Date 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.