



PATIENT INFORMATION

Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION /MEDICAL CARD(S), FRONT AND BACK

MEDICAL INFORMATION

Diagnosis: Pompe Disease ICD-10 Code: _____

Patient Weight: _____ lbs.

Allergies: _____

Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached

Baseline Liver enzymes

Labs: Required labs to be drawn by: Infusion Clinic Referring Physician

Lab Orders: _____

LUMIZYME ORDERS

Lumizyme 20mg/kg every 2 weeks

- Premedications:**
- Tylenol 1000mg PO
 - Benadryl 25mg PO
 - Solumedrol _____ mg
 - Other: _____

Prescriber to monitor periodic urinalysis, LFTs, and antibody formation.

ADDITIONAL ORDERS/COMMENTS

**Once we receive all necessary documentation, we will schedule the patient's treatment.

PHYSICIAN INFORMATION

By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____ Date: _____

Physician Name: _____

Phone: _____ Fax: _____ Contact Person: _____

INFUSION CENTER LOCATIONS

Phone: 877-365-5566
Fax: 855-889-2946

Texas

- Arlington Austin Dallas Houston North Hills
- Plano Round Rock San Antonio Stone Oak

Tennessee

- Knoxville

Georgia

- Atlanta