



# CEREZYME (IMIGLUCERASE) INFUSION ORDERS

## PATIENT INFORMATION

Demographics attached

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## MEDICAL INFORMATION

Diagnosis: Gaucher Disease  ICD-10 Code: \_\_\_\_\_  
 Other: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Patient Weight: \_\_\_\_\_ lbs.

Allergies: \_\_\_\_\_

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

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

Lab Orders: \_\_\_\_\_

## CEREZYME ORDERS

Cerezyme  Dose: 60mg/kg IV every 2 weeks  
 Other Dosage: \_\_\_\_\_

Protocol:  Tylenol 1000 mg PO  
 Benadryl 25 mg PO  
 Solumedrol \_\_\_\_\_ mg  
 Other: \_\_\_\_\_

Prescriber to monitor for antibody formation during 1<sup>st</sup> year of treatment.

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

Additional Orders/Comments:

## 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 LOCATION

- |                                    |                                 |                                 |                                  |                                    |                                      |                                |                                     |                                      |                                    |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|------------------------------------|--------------------------------------|--------------------------------|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Arlington | <input type="checkbox"/> Austin | <input type="checkbox"/> Dallas | <input type="checkbox"/> Houston | <input type="checkbox"/> Knoxville | <input type="checkbox"/> North Hills | <input type="checkbox"/> Plano | <input type="checkbox"/> Round Rock | <input type="checkbox"/> San Antonio | <input type="checkbox"/> Stone Oak |
| P: 817.200.2530                    | P: 512.261.4800                 | P: 972.408.2777                 | P: 713.860.1755                  | P: 865-299-7525                    | P: 817.284.2700                      | P: 469-974-0565                | P: 737-443-5230                     | P: 210.366.4358                      | P: 210.485.3700                    |
| F: 817.509.0011                    | F: 512.261.4803                 | F: 469.913.6894                 | F: 713.277.7219                  | F: 865-338-5604                    | F: 817.284.2701                      | F: 469-608-2072                | F: 737-402-7698                     | F: 210.366.4896                      | F: 210.390.1738                    |

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