



VPRIV (VELAGLUCERASE ALFA FOR INJECTION) 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: _____

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: _____

VPRIV ORDERS

- Dose: 60U/kg IV administered every two weeks as a 60 minute infusion
- Other: _____ U IV every two weeks as a 60 minute infusion

Pre-Medications (optional):

- Acetaminophen _____ mg PO before infusion (optional)
- Diphenhydramine _____ mg PO/IV before infusion (optional)
- Solu-medrol _____ mg IV before infusion (optional)

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

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