

\*\*Physician Signature:



7103 S. Peek Road #300 B Richmond TX 77407 Phone 346-560-7080 FAX 346-560-7081

## ELAPRASE (IDURSULFASE) INFUSION ORDERS

<ul><li>☐ This signed order form from the provider</li><li>☐ Patient demographics &amp; insurance information</li></ul>			
☐ Clinical/Progress Notes supporting primary of			
	I		
Patient Name:	DOB:		
Allergies:	Patient Phone:		
Diagnosis:			
☐ Hunter Syndrome (ICD-10:	)		
J Code: J1743	_,		
	ELAPRASE ORDERS		
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□0.5 mg/kg IV every week		Pt. Weight kg	9
	dryl 25 mg DO to be given 20 minutes	hafara infusion /if not contraindicate	٧٩)
Premedications: ☐ Tylenol 1000 mg PO ☐ Bena	dryf 25 ffig FO to be given 30 ffillidies	before illusion (il noi contraindicate	u).
**Patient must bring own EpiPen to each infu	sion.		
**Once we receive all necessary documentation	n, we will schedule the patient's tre	itment.	
Additional Instructions:			
Additional Instructions:  Physician Name:	Phone:	Fax:	

Date: