

**FABRAZYME (AGALSIDASE BETA)  
INFUSION ORDERS**

**\*\*REQUIRED INFORMATION\*\***

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes** supporting primary diagnosis

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

**Diagnosis:**

- Fabry Disease (ICD-10: \_\_\_\_\_)

**FABRAZYME ORDERS**

- 1 mg/kg IV every 2 weeks

Pt. Weight \_\_\_\_\_ kg

- Premedications:
- Tylenol 1000 mg PO
  - Benadryl 25 mg PO
  - Solumedrol \_\_\_\_\_ mg
  - Other: \_\_\_\_\_

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

**Additional Instructions:**

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>**Physician Signature:</b>	<b>Date:</b>	