Fax To: 281-406-1047
Email To: referrals@curbsideinfusion.com
Office: 281-406-1046

KRYSTEXXA® (PEGLOTICASE) ORDER FORM

REFERRAL STATUS

________New Referral _______Order Renewal _______Restart _______Medication/Order Change _______Benefits Verification Only

________D/C Infusion *(Medication(s) to D/C ____)*

PATIENT INFORMATION

PATIENT NAME:		DOB:	SEX: _____MALE _____FEMALE
ADDRESS:		PHONE #:	
WEIGHT: _____ LBS _____ KG	HEIGHT:	EMAIL:	
ALLERGIES:			

Please check that the following are included	____Patient demographics and insurance attached	____Clinical/Progress Notes, H&P, Labs, Tests, supporting DX Attached
	____Current Medication List	____G6PD
	____Baseline Uric Acid > 6.0mg/dl	

PHYSICIAN INFORMATION

Physician Name:	Email *(if you would like referral updates)*:
Practice Name:	Phone Number:
Office Contact:	Fax Number:

DIAGNOSIS

____Chronic Gouty Arthropathy w/ Tophus (tophi)	____ Chronic Gouty Arthropathy w/out Tophus (tophi)	____Other:

ICD-10 CODE:	**Date of last infusion/injection:**

MEDICATION ORDERS

KRYSTEXXA ORDERS: Dose: 8 mg/mL IV in 250mL bag of 0.9% or 0.45%NaCl every 2 weeks

PreMedications *protect from light and use within 4 hours of mixing

IV Corticosteroids: Methylprednisolone hydricortisone 125mg prior to each infusion.
Antihistamines: Allegra 180mg; Claritin 10mg; Benadryl 25-50mg po to be taken night before infusion and/or can administer concomitant with infusion.
Oral Analgesic: Tylenol 325mg 2 po prior to each infusion. Quzyttir 10mg IVSP over 1-2 min

Administration Administer IV infusion over at least 2 hr via gravity feed or volumetric infusion pump

Physician Signature ____ **Date (Order is Valid for One Year)**________________________
Infusion will be administered per Curbside Infusion Venture policy and protocol.

Notes/Comments

STANDING LAB ORDERS

______Labs to be Drawn by Infusion Center Frequency: ________ Every Infusion _______Other (*please specify*) __________________________________

_____CMP _____CBC _____CRP _____ESRP _____HFR _____UA

In the event of anaphylaxis and infusion reaction, the infusion should be slowed, or stopped and restarted at a slower rate. Inform patient of signs and symptoms of anaphylaxis.

Standing Analylaxis Protocol