

CRYSVITA (burosumab) INFUSION ORDERS

REQUIRED INFORMATION

- This order signed by provider
- Patient demographics & insurance information
- Clinical/Progress notes, labs, tests supporting primary diagnosis
- Baseline fasting serum phosphorus attached

Patient Name:	DOB:
Allergies:	Patient Phone:

Diagnosis:

- X-linked hypophosphatemia (XLH) (ICD-10: _____)

Patient weight: _____ kg

Crysvita Orders
<input type="checkbox"/> Adult XLH: 1 mg/kg SubQ rounded to nearest 10 mg, every 4 weeks (MAX dose 90 mg)
<input type="checkbox"/> Pediatric XLH: 0.8 mg/kg SubQ rounded to nearest 10 mg, every 2 weeks (MAX dose 90 mg)

Additional instructions:

Physician Name:	Phone:	Fax:
------------------------	---------------	-------------

Physician Signature:	Date:
-----------------------------	--------------