



6111 Burnet Rd.
Austin, TX 78757
Phone: 512.454.9923
Fax: 512.454.9866

FABRAZYME (AGALSIDASE BETA) INFUSION ORDERS

****REQUIRED INFORMATION****

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

Patient Name:	DOB:
Allergies:	Patient Phone:

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:

Physician Name:	Phone:	Fax:
**Physician Signature:	Date:	