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**CRYSVITA (burosumab)  
 INFUSION ORDERS**

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

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs & Tests** supporting primary diagnosis (ICD-10 below)
- Baseline fasting serum phosphorus attached

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

**Diagnosis:**

X-linked hypophosphatemia (XLH) (ICD-10: \_\_\_\_\_)

Pt. Weight \_\_\_\_\_ kg Allergies: \_\_\_\_\_

**CRYSVITA ORDERS**

**Adult XLH**  1 mg/kg subcutaneously rounded to nearest 10mg, every 4 weeks (MAX Dose 90mg)

**Pediatric XLH**  0.8 mg/kg subcutaneously rounded to nearest 10mg, every 2 weeks (MAX Dose 90mg)

**Additional Instructions:**

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