



FABRAZYME (agalsidase beta) Infusion Order
intake@sageinfusion.com | www.sageinfusion.com/SubmitOrder

PATIENT INFORMATION

Patient Name: _____ **DOB:** _____ **Gender:** ☐ M ☐ F
Address: _____ **City:** _____ **State:** _____ **ZIP:** _____
Phone: _____ **Email:** _____ **Ht:** _____ **Wt:** _____
Please Attach: ☐ Insurance cards ☐ History & Physical ☐ Most recent labs ☐ Medication list
☐ NKDA ☐ Allergies: _____

PRESCRIBER INFORMATION

Ordering Provider Name: _____
Provider NPI: _____ **Phone:** _____ **Fax:** _____
Practice Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

REQUIRED INFORMATION

PRE-MEDICATION

- ☐ Acetaminophen 1000mg PO ☐ Solu-Medrol 125mg IVP
☐ Diphenhydramine 25mg PO ☐ Solu-Cortef 100mg IVP
☐ Ceterizine 10mg PO ☐ Diphenhydramine 25mg IVP

Documentation:

- ☐ Recent clinical and/or office visit notes supporting primary diagnosis

MEDICATION ORDERS

ICD-10 Diagnosis Codes: ☐ **E75.21** Fabry (Anderson-Fabry) disease ☐ **Other:** _____

☐ **New to Therapy** ☐ **Continuation of Therapy:** Date of last dose (if applicable): _____

DOSING/FREQUENCY:

- ☒ **Fabry Disease: 1mg/kg dose IV every 2 weeks**
☐ **Other:** _____ **Patient's current weight:** _____ lbs/kg
☐ **Refills:** _____ (if not indicated prescription will expire one year from date signed)

Sage Infusion Standing Orders:

- ☒ Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date

Fax Number

- | | | |
|---|--|--|
| ☐ Brandon: (656) 218-9643 | ☐ Ocala: (352) 565-5228 | ☐ The Villages Brownwood: (352) 450-3080 |
| ☐ Clearwater: (727) 977-9717 | ☐ Orlando: (407) 792-6558 | ☐ The Villages Lake Sumter: (352) 565-5553 |
| ☐ Fort Myers: (239) 533-5962 | ☐ Sarasota: (941) 413-3280 | ☐ The Villages Spanish Springs: (352) 810-3536 |
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