

## Cerezyme (Imiglucerase) Infusion Order

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Diagnosis (please provide ICD10 code): \_\_\_\_\_

Other: \_\_\_\_\_

NKDA  Allergies: \_\_\_\_\_

New Therapy Order  Continuation of Therapy Date of last dose: \_\_\_\_\_

Ordering Provider Name: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Pre-Medication

- Acetaminophen \_\_\_\_\_mg by  PO
- Cetirizine \_\_\_\_\_mg by  PO
- Diphenhydramine \_\_\_\_\_mg by  PO/  IVP
- Solu-Medrol \_\_\_\_\_mg by  PO/  IVP
- Solu-Cortef \_\_\_\_\_mg by  PO/  IVP
- Other: \_\_\_\_\_

### Required Documentation:

- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Progress Notes/Labs supporting diagnosis
- CBC, CMP lab results
- Beta-glucosidase leukocyte (BGL) enzyme test results
- Other: \_\_\_\_\_

### Cerezyme is a weight-based medication:

Patient Height (cm): \_\_\_\_\_ Patient Weight (kg): \_\_\_\_\_

### Cerezyme Medication Order:

- Intravenous Dosing
  - 60 units/kg
  - Other: \_\_\_\_\_
- Frequency
  - Once every 2 weeks
  - Other: \_\_\_\_\_

<b>Additional Instructions/Notes:</b>  	<b>Patient IV Access</b> <input type="checkbox"/> PIV <input type="checkbox"/> Use patient's SL/DL PICC, flush per protocol <input type="checkbox"/> Access/deaccess patient's Port, flush per protocol *Imaging results of proper placement required for PICC/Port
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### Ordering Provider:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Best Contact Person in Office: \_\_\_\_\_

Phone: \_\_\_\_\_

<b>Locations:</b> <input type="checkbox"/> Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141 <input type="checkbox"/> Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141 <input type="checkbox"/> Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400
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