vitalcare INFUSION SERVICES of SIOUX FALLS

1020 S Cliff Ave., Sioux Falls, SD 57104
P / 605-220-7824 · F / 605-220-7980
www.vitalcaresiouxfalls.com

LUMIZYME (ALGLUCOSIDASE ALFA) INFUSION ORDERS

****REQUIRED INFORMATION****

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

Patient Name:	**DOB:**
Allergies:	**Patient Phone:**

Diagnosis:

☐ Pompe Disease (ICD-10: _____)

J Code: J0221

LUMIZYME ORDERS

☐ 20 mg/kg IV every 2 weeks

Patient Wt._____kg

Premedications: ☐ Tylenol 1000 mg PO

☐ Benadryl 25 mg PO

☐ Solumedrol _____mg

☐ Other: _____

Prescriber to monitor periodic urinalysis, LFTs, and antibody formation.

****Once we receive all necessary documentation, we will schedule the patient's treatment.**

Additional Instructions:

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