

Imiglucerase (Cerezyme)

Provider Order Form rev. 10/12/2022



14107 Cortez Blvd
Brooksville FL 34613
P: (352)549-9962
F: (352)549-9963
www.360infusioncenter.com
E: info@360infusioncenter.com

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ DOB: _____

ICD-10 code (required): _____ ICD-10 description: _____

NKDA Allergies: _____ Weight (lbs/kg): _____ Height: _____

Patient Status: New to Therapy Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

NURSING

- Provide nursing care per 360 Infusion Center Nursing Procedures, including reaction management and post-procedure observation

PRE-MEDICATION ORDERS

- acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO 30 minutes prior to infusion
- cetirizine (Zyrtec) 10mg PO 30 minutes prior to infusion
- loratadine (Claritin) 10mg PO 30 minutes prior to infusion
- diphenhydramine (Benadryl) 25mg / 50mg PO / IV prior to infusion
- methylprednisolone (Solu-Medrol) 40mg / 125mg IV 30 minutes prior to infusion
- hydrocortisone (Solu-Cortef) 100mg IV 30 minutes prior to infusion
- Other: _____
Dose: _____ Route: _____
Frequency: _____

LABORATORY ORDERS

- CBC at each dose every _____
- CMP at each dose every _____
- CRP at each dose every _____
- Other: _____

THERAPY ADMINISTRATION

- Imiglucerase (Cerezyme) in 0.9% sodium chloride, intravenous infusion, administer with 0.2 micron filter
 - Dose: 60U/kg / other _____
 - Frequency: every 2 weeks / other: _____
 - Administer over 1-2 hours. Dilute final amount of Cerezyme in 0.9% Sodium Chloride to a final volume of 100-200ml.
- Flush with 0.9% sodium chloride at infusion completion
- Patient is required to stay for 30-minute observation
- Refills: Zero / for 12 months / _____
(if not indicated order will expire one year from date signed)

SPECIAL INSTRUCTIONS

Provider Name (Print)

Provider Signature

Date