Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629

Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
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Fabrazyme® (Agalsidase Beta) Order Form

Epic Referral: REF115213

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Patient Weight: _____ (include unit) **Date weight taken:** _____

Fabrazyme IV infusion

- Give every 2 weeks
- Infuse through 0.2-micron filter
- Titrate rates per package insert unless otherwise specified below

Dose:

☐ Fabrazyme _____ mg

☐ Fabrazyme 1 mg/kg (Patient will be weighed at each visit and weight and exact dose will be given.

Order good for: ☐ 6 months ☐ 1 year Other duration: _____

Pre-meds: (given at each infusion)

☐ Tylenol 650 mg po or ☐ Tylenol 1000 mg po

☐ Benadryl ____ mg po or ☐ Benadryl _____ mg IV

☐ Other: _____

Other Orders/Comments: _____

Labs: _____

Lab Frequency: _____

Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port

Prescriber Printed Name:_____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____