



Open 365 Days A Year • 8am - 8pm • By Appointment



801.577.7055



888.717.7578

REFERRAL STATUS

LOCATION

New Referral

Order Renewal

Murray

Tooele

Layton

St. George

PATIENT INFORMATION

PATIENT NAME:

DOB:

SEX:

M

F

WEIGHT:

LBS

KG

PHONE NUMBER:

ALLERGIES:

EMAIL:

Please check that the following are included:

Patient demographics and insurance attached

Clinical/Progress Notes, H&P, Labs, Tests, supporting DX Attached

Current Medication List:

DIAGNOSIS

ICD-10 CODE: M1A _____

OTHER: _____

DATE OF LAST INFUSION/INJECTION: _____

PHYSICIAN INFORMATION

PHYSICIAN NAME:

PHONE NUMBER:

PRACTICE NAME:

FAX NUMBER:

OFFICE CONTACT:

MEDICATION ORDER

MEDICATION:

Krystexxa

DOSING:

8mg

FREQUENCY:

Initial: Day 1, Week 2, Week 6

Maintenance: Every 8 weeks

Other: _____

NOTES/COMMENTS:

PHYSICIAN SIGNATURE _____

DATE (Order is Valid for One Year) _____

LAB ORDERS

CMP

CBC

CRP

ESR

Other _____

G6P-D (Only necessary prior to first Krystexxa infusion)

Uric acid will be drawn prior to each infusion. If Uric Acid level is above 6, review monitoring protocol. If Uric Acid level is above 6 for consecutive infusions, then stopping rules apply.

TYPES OF ACCESS

Solu-Medrol _____ mg

Solu-Cortef _____ mg

Benadryl _____ mg

Tylenol _____ mg

Other _____ mg