Los Angeles, CA
2080 Century Park East
Suite 710
Los Angeles, CA 90067

ThrIVewell INFUSION WEST
Office: 310-481-9944 Fax : 310-766-7001

MMI

(pegloticase)

KRYSTEXXA infusion orders

Date: _____

Patient Name _____ DOB _____

Phone _____ J-Code J2507 M ○ F ○

○ Allergies _____

NPI _____ Tax ID _____

Insurance Carrier (primary) _____

Insurance Carrier (secondary) _____

DIAGNOSIS *Please provide ICD-10 code*

Chronic Gout

(other)

REFERRAL STATUS

☐ New Prescription
☐ Order Renewal
☐ Does or Frequency Change
☐ Discontinuation

PRE-MEDICATION

Tylenol 1000mg PO
Cetirizine 10mg PO

(other)

Solu-Cortef 100mg IVP
Diphenhydramine 25mg IVP

(other)

KRYSTEXXA ORDERS

DOSAGE/FREQUENCY

8mg
○ Other_____

○ Other_____

PATIENT WEIGHT

lbs.
kg

Total Dosages ☐/ Refills_____

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone_____ Fax _____