☐ *Borough Park*
1428 36th Street
Suite 107
Brooklyn, NY 11218

☐ *Crown Heights*
555 Lefferts Avenue
Brooklyn, NY 11225

☐ *Manhattan*
57W 57Street
Suite 601
New York, NY 10019

☐ *Manhasset*
333 East Shore Road
Suite 201
Manhasset, NY 11030

☐ *Rockville Centre*
165 North Village Avenue
Suite 133
Rockville Center, NY 11570

☐ *Elmsford/ Terrytown*
555 Taxter Road
3rd Floor
Elmsford, NY 10523

ThrIVewell
INFUSION
Office: 212-803-3339 Fax : 646-768-8600

Mission Medical

☐ *Manhattan*
225 E 70th Street
Suite 1E
New York, NY 10021

☐ *Holbrook/ Ronkonkoma*
233 Union Ave
Suite 207
Holbrook, NY 11741

☐ *Long Beach*
917 Beech Street
Long Beach, NY 11561

☐ *Queens*
64-05 Yellowstone Blvd
CF104
Forest Hills, NY 11375

☐ *Scarsdale*
495 Central Park Avenue
Suite 205
Scarsdale, NY 10583

☐ *Riverhead*
1228 E Main Street
Suite A
Riverhead, NY 11901

☐ *Manhattan*
225 East 70th Street
New York, NY 10021

☐ *5 Towns*
141 Washington Avenue
Cedarhurst, NY 11559

Date: _____

ONPATTRO (Patisiran) INFUSION orders

Patient Name _____ DOB _____

Phone _____ M ○ F ○

○ Allergies _____

NPI _____ Tax ID _____

Insurance Carrier (primary) _____

Insurance Carrier (secondary) _____

REFERRAL STATUS

- ○ New Prescription
- ○ Order Renewal
- ○ Does or Frequency Change
- ○ Discontinuation

DIAGNOSIS please attest to ICD-10 code

O E 85.1 Neuropathic heredofamilal amyloidosis
O other _____

PRE-MEDICATION

O IV corticosteroid (dexamethasone 10mg, or equivalent

O IV H1 Blocker (diphenhydramine 50mg or equivalent

O oral acetaminophen (500mg)

O IV H2 Blocker (ranitidine 50mg or equivalent

O other at least 60 min. prior to admin

for premeds not available or not tolerated intravenously, equivalents may be administered orally

ONPATTRO ORDERS

DOSAGE

0.3 mg/kg for patients < 100kg 30mg for patients ≥ 100kg
O other _____
Frequency every 3 weeks

PATIENT WEIGHT

_____ lbs

_____kg

Notes
Total dosage ☐ /refills _____

LABS
O serium vitamin A
O other _____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____