

Boca Raton  
9980 Central Park Blvd  
Suite 202, N  
Boca Raton, FL 33428



# ONPATTRO (Patisiran) infusion orders Date: \_\_\_\_\_

PATIENT INFORMATION		
Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA      Allergies:	Weight lbs/kg:	

REFERRAL STATUS
<input type="checkbox"/> New Referral <input type="checkbox"/> Referral Renewal <input type="checkbox"/> Medication/Order Change <input type="checkbox"/> Benefits Verification Only <input type="checkbox"/> Discontinuation Order

PHYSICIAN INFORMATION	
Referral Coordinator Name:	Referral Coordinator Email:
Ordering Provider:	Provider NPI:
Referring Practice Name:	Phone: _____ Fax: _____
Practice Address:	City: _____ State: _____ Zip Code: _____

**DIAGNOSIS** *Please provide ICD-10 code*

\_\_\_\_\_ Multiple Sclerosis

\_\_\_\_\_ (other)

**PRE-MEDICATION**

IV corticosteroid (dexamethasone 10mg, or equivalent

oral acetaminophen (500mg)

other at least 60 min. prior to admin

IV H1 Blocker (diphenhydramine 50mg or equivalent

IV H2 Blocker (ranitidine 50mg or equivalent

\_\_\_\_\_ (other)

\_\_\_\_\_ (other)

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

**ONPATTRO ORDERS**

**PATIENT WEIGHT**

\_\_\_\_\_ lbs.

\_\_\_\_\_ kg

**DOSAGE:**

0.3 mg/kg for patients < 100kg       30mg for patients ≥ 100kg

Other \_\_\_\_\_

**Frequency every 3 weeks**

Total dosage  /refills \_\_\_\_\_

**LABS**

serum vitamin A

other \_\_\_\_\_

**NOTES/ADDITIONAL COMMENTS:**

  
  
  
  

**ORDERING PROVIDER**

Signature   X   \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_  \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_