Krystexxa Order Form





Fax completed form to:

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Flush Orders: NaCl0.9% - 5-10mL flush pre and post infusion and as needed Heparin 10units/mLOR 100units/mL - 3-5mL flush after post-infusion NS flush if indicated to maintain line Lab Orders: Lab Date & Frequency: PRESCRIPTION ORDERS Anaphylaxis Kit: Epinephrine 0.3mg IM as needed (check all that apply) Diphenhydraminemg IV infusion as needed NS Hydration 500 ml IV infusion on as needed (check all that apply) Diphenhydraminemg POminutes prior to infusion Acetaminophenmg POminutes prior to infusion Other PRODUCT PRESCRIPTION INFORMATION REFILLS Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary PRODUCT Yes No If No, when was last dose given?When is patient due for next dose? Krystexxa Rrystexxa OTHER	NURSING & LAB ORDERS							
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By signing this form and utilizing our services, you are authorizing Amerita to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.	OTHER							
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Prescriber's Signature Dispense as Written Prescriber's Signature Substitution Permitted Print Name

Date





Date