

# Cerezyme (imiglucerase) Referral Form



Patient Preferred Clinic (select one):

## PATIENT INFORMATION

### Referral Status:

New Referral

Updated Order

Order Renewal

DOB:	Patient Name:	Patient Phone:	
Patient Address:		Patient Email:	
NKDA Allergies:	Weight (lbs/kg):	Height:	
ICD-10 code (required):	ICD-10 description:	Last Treatment Date:	Last 4 SSN:

## PROVIDER INFORMATION

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

## NURSING

Infusion to be administered per VIVO protocols.

## LABORATORY ORDERS

CBC At each dose Every \_\_\_\_\_  
 CMP At each dose Every \_\_\_\_\_  
 CRP At each dose Every \_\_\_\_\_  
 OTHER \_\_\_\_\_

## CEREZYME THERAPY ADMINISTRATION

Dose: 60 units/kg Other: \_\_\_\_\_  
 Every 2 weeks Other: \_\_\_\_\_

## PREMEDICATIONS

acetaminophen (Tylenol) 500 mg 650 mg 10000 mg PO  
 cetirizine (Zyrtec) 10mg PO  
 loratadine (Claritin) 10mg PO  
 diphenhydramine (Benadryl) 25 mg 50 mg PO IV  
 methylprednisolone (Solu-Medrol) 40mg 125mg IV  
 hydrocortisone (Solu-Cortef) 100mg IV  
 Other: \_\_\_\_\_  
 Dose: \_\_\_\_\_ Route: \_\_\_\_\_

## REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Current Medication List and H&P

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. \*\*Order is valid for one year unless otherwise noted\*\*

Provider Name (Print)	Provider Signature	Date
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Fax Numbers	Nevada: 702-489-5744	Massachusetts: 203-724-4838	<b>Have a Question? (720) 902-4111</b>  <b>Email Referrals To: <a href="mailto:referrals@vivoinfusion.com">referrals@vivoinfusion.com</a></b>
Colorado: 303-418-4679	New Jersey: 609-955-3711	Pennsylvania: 215-399-9244	
Florida: 904-930-4211	Ohio: 216-400-0674	New York: 203-724-4838	
Texas: 469-340-0044	Oklahoma: 918-770-4421	Connecticut: 203-724-4838	