

 NEW ENGLAND  
Cancer Specialists

Infusion Center

Kennebunk • Portsmouth • Scarborough • Topsham

Phone: 207-303-3225 Fax:207-692-2473

## Fabrazyme (Agalsidase beta) Order Form – J0180

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Height: \_\_\_\_\_(cm) Actual Weight: \_\_\_\_\_(kg) Allergies: \_\_\_\_\_

### Premedications- Administered prior to Fabrazyme.

- None
- Acetaminophen 1000mg PO
- Diphenhydramine 50mg IV
- Dexamethasone 10mg IV

**Fabry disease:** 1 mg/kg IV every 2 weeks. Vial sizes are 35mg and 5mg. **Please dose accordingly.**

Dose \_\_\_\_\_mg every 2 weeks.

Orders valid through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.**

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager: \_\_\_\_\_