

Fabrazyme (Agalsidase Beta) Order Form—J0180

Patient Name	Middle	Last	DOB
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Diagnosis	Diagnosis Code
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Height (cm)	Actual Weight (kg)	Allergies
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PREMEDICATIONS - ADMINISTERED PRIOR TO FABRAZYME:

- | | |
|---|---|
| <input type="radio"/> None | <input type="radio"/> Diphenhydramine 50mg IV |
| <input type="radio"/> Acetaminophen 1000mg PO | <input type="radio"/> Dexamethasone 10mg IV |

Fabry disease: 1 mg/kg IV every 2 weeks. Vial sizes are 35mg and 5mg. Please round dose to a nearest 5 mg.

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
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Date	Phone	Fax	Pager
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