NEW ENGLAND
Cancer Specialists

**Infusion Center**

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
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# Fabrazyme (Agalsidase Beta) Order Form—J0180

Patient Name | Middle | Last | 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 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

Date | Phone | Fax | Pager