ADVANCED
INFUSION CENTER

FABRYZME /ELFABRIO INFUSION ORDERS

Patient name: _____ DOB: _____

Allergies: _____ Weight: _____Lb./ kg.

Diagnosis: Fabry Disease ICD-10 Code: E75.21

Medication Order: check one

- o Fabryzme 1 mg/kg IV every two weeks x 1 year

  Other: _____ mg every two weeks x 1 year

- o Elfabrio 1 mg/kg IV every two weeks x 1 year

  Other: _____mg every two weeks x 1 year

Pre-medications: check all that apply

- o Tylenol 1000 mg po
- o Benadryl 25 mg po
- o Solu-Medrol_____mg IV
- o Other: _____

Lab Orders: _____

Physician signature: _____Date: _____

Physician name printed: _____

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