

- Borough Park**  
1428 36th Street  
Suite 107  
Brooklyn, NY 11218
- Crown Heights**  
555 Lefferts Avenue  
Brooklyn, NY 11225
- Manhattan**  
57W 57 Street  
Suite 601  
New York, NY 10019
- Manhasset**  
333 East Shore Road  
Suite 201  
Manhasset, NY 11030
- Rockville Centre**  
165 North Village Avenue  
Suite 133  
Rockville Center, NY 11570
- Elmsford/ Terrytown**  
555 Taxter Road  
3rd Floor  
Elmsford, NY 10523
- NYC Central Park West**  
115 Central Park West  
Suite 15  
New York, NY 10023
- Woodbury**  
75 Froehlich Farm  
Woodbury, NY 11797
- Staten Island**  
27 New Dorp Lane  
Staten Island, NY 10306



- Manhattan**  
225 E 70th Street  
Suite 1E  
New York, NY 10021
- Queens**  
64-05 Yellowstone Blvd  
CF104  
Forest Hills, NY 11375
- Manhattan**  
225 East 70th Street  
New York, NY 10021
- Holbrook/Ronkonkoma**  
233 Union Ave  
Suite 207  
Holbrook, NY 11741
- Scarsdale**  
495 Central Park Avenue  
Suite 205  
Scarsdale, NY 10583
- 5 Towns**  
141 Washington Avenue  
Cedarhurst, NY 11559
- Long Beach**  
917 Beech Street  
Long Beach, NY 11561
- Riverhead**  
1228 E Main Street  
Suite A  
Riverhead, NY 11901
- Bronx**  
226 West 238th Street  
Bronx, NY 10463

# LUMASIRAN OXLUMO®

Date: \_\_\_\_\_

## PATIENT INFORMATION

Name:		DOB:		SEX: M <input type="checkbox"/> F <input type="checkbox"/>	
ICD-10 code (required):			ICD-10 description:		
<input type="checkbox"/> NKDA Allergies:			Weight lbs/kg:		
<b>Patient Status</b> <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy		Last Treatment Date:		Next Due Date:	

## PROVIDER INFORMATION

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

## REFERRAL STATUS

New Referral  
  Referral Renewal  
  Medication/Order Change  
  Benefits Verification Only  
  Discontinuation Order

**INDICATION**

**• Induction**

- Lumasiran (Oxlumo)**      Other \_\_\_\_\_
- 3mg/kg (Pt weight 20kg and above)
- 6mg/kg (Pt weight less than 20kg)
- Frequency: Once monthly for 3 dose       Other \_\_\_\_\_
- Route: Subcutaneous injection      Other \_\_\_\_\_

**• Maintenance** (begin 1 month after the last loading dose)

- Dose: Select one
- 3mg/kg once monthly (Pt weight less than 10kg)
- 6mg/kg once every 3 months (Pt weight 10 to less than 20kg)
- 3mg/kg once every 3 months (Pt weight 20kg and above)
- Route: subcutaneous other \_\_\_\_\_

Patient required to stay for 30-min observation post procedure  
 Patient is NOT required to stay for observation time  
 Refills: Zero  for 12 months / \_\_\_\_\_  
 (if not indicated order will expire one year from date signed)

                

**SPECIAL INSTRUCTIONS**

  
  
  
  
  
  
  
  
  
  

**NOTES/ADDITIONAL COMMENTS:**

  
  
  
  

### ORDERING PROVIDER

Signature   X   \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_