

Westerville
575 Copeland Mill Road
Suite# 2F
Westerville, Ohio 43081



Lancaster
2405 Columbus Street
Suite# 210
Lancaster, Ohio 43130

Burosumab-twza (Crysvita)

Provider Order Form

Date: _____

PATIENT INFORMATION

Name:	DOB:	SEX: M ☐ F ☐
ICD-10 code (required):	ICD-10 description:	
☐ NKDA Allergies:	Weight lbs/kg:	

REFERRAL STATUS

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

PHYSICIAN INFORMATION

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

PRE-MEDICATION ORDERS

- ☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO
☐ cetirizine (Zyrtec) 10mg PO
☐ loratadine (Claritin) 10mg PO
☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV
☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV
☐ Other: _____
Dose: _____ Route: _____
Frequency: _____

SPECIAL INSTRUCTIONS

THERAPY ADMINISTRATION

- ☐ Burosumab-twza (Crysvita) subcutaneous injection
☐ Pediatric patients less than 10kg
• Dose: 1mg/kg (Rounded to the nearest 1mg)
• Other ☐ _____mg/kg
☐ Frequency: every two weeks ☐ Other _____
☐ Pediatric patients 10kg and greater
• Dose: 0.8mg/kg (Rounded to the nearest 10mg. Max dose 90mg.)
• Other ☐ _____mg/kg
☐ Frequency: every two weeks ☐ Other _____
☐ Adult patients (18 years and older)
• Dose: 1mg/kg (Rounded to the nearest 10mg. Max dose of 90mg.)
• Other ☐ _____mg/kg
☐ Frequency: Every four weeks ☐ Other _____
Route: ☐ subcutaneous (maximum volume per injection is 1.5ml. If multiple injections are required, administer at different injection sites)
☐ Patient is required to stay for 30-minute observation post infusion/injection
☐ 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)
☐ Total Doses _____ ☐ Refills _____

NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature X Date _____

Provider _____ Phone _____ Fax _____