

**Pensacola**  
41 Fairpoint Drive  
Suite B  
Gulf Breeze, FL 32561

**Boca Raton**  
9980 N Central Park Blvd  
Suite 202  
Boca Raton, FL 33428



# LAMZEDE (velmanase alfa-tycv) infusion orders 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:	

REFERRAL STATUS	
<input type="checkbox"/> New Referral	<input type="checkbox"/> Referral Renewal <input type="checkbox"/> Medication/Order Change <input type="checkbox"/> Benefits Verification Only <input type="checkbox"/> 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: _____

**DIAGNOSIS** *Please provide ICD-10 code*

\_\_\_\_\_ Alpha-Mannosidosis (E77.1)  
 Non-central nervous system manifestations

\_\_\_\_\_ (other)

**PRE-MEDICATION**

Acetaminophen (Tylenol) \_\_\_\_\_ mg PO

Diphenhydramine (Benadryl) \_\_\_\_\_ mg PO / IV

Cetirizine (Zyrtec) \_\_\_\_\_ mg PO

Solu-Medrol (Methylprednisolone) \_\_\_\_\_ mg IV

Hydrocortisone \_\_\_\_\_ mg IV

Other: \_\_\_\_\_

**PATIENT WEIGHT**

\_\_\_\_\_ lbs.

\_\_\_\_\_ kg

**DOSAGE:**

1 mg/kg IV infusion (based on actual body weight)

Other \_\_\_\_\_

**Frequency:**

Once weekly (every 7 days)

**Route:** Intravenous (IV) infusion

Total dosages \_\_\_\_\_ / Refills \_\_\_\_\_

**NOTES/ADDITIONAL COMMENTS:**

  
  
  
  
  
  
  
  
  
  

**ORDERING PROVIDER**

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

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