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Lexington, KY 40509

Bowling Green
727 U.S. 31 W Bypass
Suite 102
Bowling Green, KY 42101

Office: 212-803-3339 Fax : 646-768-8600

LAMZEDE (velmanase alfa-tycv) infusion orders

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:

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 ______________