Evkeeza Infusion Order

LivWell INFUSIONS

Fax 888 511-7654 Phone 888 864-7341

Patient Name: _____ **DOB:** _____

Patient Phone: _____ **SEX:** M ◯ F ◯

Please Attach All Insurance Information, front and back

MEDICAL INFORMATION

Diagnosis: ◯ E78.01 Familial hypercholesterolemia

Patients weight: _____

Lab Date: _____

Allergies: _____

ICD-10 _____

ALSO INCLUDE...

- ◯ Clinical/ Progress Notes
- ◯ Demographics Sheet
- ◯ Current Medications
- ◯ Labs

EVKEEZA ORDER

Evkeeza Dose: ◯ 15 mg/kg administered by IV infusion over 60 minutes every 4 weeks

Premedications:

Acetaminophen (PO) ◯ 500mg ◯ 650mg ◯ 1000mg

Cetirizine (PO) ◯ 10mg

Loratadine (PO) ◯ 10mg

Diphenhydramine ◯ 25mg ◯ 50mg ◯ PO ◯ IV

Methylprednisolone (IV) ◯ 40mg ◯ 125mg

Hydrocortisone (IV) ◯ 100mg

Date of last Evkeeza Infusion: _____

Additional Comments:

PHYSICIAN INFORMATION

Referring Physician: _____ **Phone:** _____

Practice Address: _____

Office Contact: _____ **Fax:** _____

NPI/ TIN: _____

Referring Physician's Signature_____ **Date:** _____