



Patient Name: \_\_\_\_\_  
Patient Phone: \_\_\_\_\_

DOB: \_\_\_\_\_  
SEX: M  F

Please Attach All Insurance Information, front and back

### MEDICAL INFORMATION

Diagnosis:  E78.01 Familial hypercholesterolemia  
Other: \_\_\_\_\_  
ICD-10 \_\_\_\_\_

#### ALSO INCLUDE...

- Clinical/ Progress Notes
- Insurance Cards
- 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	Methylprednisolone (IV)	40mg	125mg
Cetirizine (PO)	10mg			Hydrocortisone (IV)	100mg	
Loratadine (PO)	10mg					
Diphenhydramine	25mg	50mg	PO	IV		

Date of last Evkeeza Infusion: \_\_\_\_\_

Additional Comments:

### PHYSICIAN INFORMATION

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

NPI/ TIN: \_\_\_\_\_

Referring Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_