



Patient Name: _____
Patient Phone: _____

DOB: _____
SEX: M F

Please Attach All Insurance Information, front and back

MEDICAL INFORMATION

Diagnosis: E78.010 Homozygous 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: _____