

(peglyticase)

KRYSTEXXA infusion orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS *Please provide ICD-10 code*

Chronic Gout

(other)
PRE-MEDICATION

Tylenol 1000mg PO

Cetirizine 10mg PO

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

*(other)**(other)*
KRYSTEXXA ORDERS
DOSAGE/FREQUENCY

8mg IV every 2 weeks

PATIENT WEIGHT

lbs.

kg

PREMEDICATION PER PRESCRIBING INFORMATION

Solu-medrol 125mg IV

Diphenhydramine 25mg PO

NOTES
ORDERING PROVIDER
Signature X _____ Date

Provider

Phone

Fax