

## Allergy, Asthma & Immunology Center, P.C. Infusion Services

www.aaicenter.net Iftikhar Hussain, MD

Fax Referrals To: (855) 891-2191 Have a Question? (855) 478-1528

## ONPATTRO™ (PATISIRAN) ORDER FORM

(* -	Req	uired	Fiel	ds,
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STAT REQUEST (\*REASON MUST BE PROVIDED BELOW)

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New Referral Order Rene Benefits Verification Only	Locations:				
PATIENT INFORMATION					
NAME*: ADDRESS: WEIGHT: LBS KG HEIGHT:	DOB*: SEX: M F PHONE: EMAIL:	Tulsa			
ALLERGIES:					
PHYSICIAN IN					
PHYSICIAN NAME*:	PRACTICE NAME:				
ADDRESS:	OFFICE CONTACT*:				
PHONE: FAX:	EMAIL (FOR UPDATES):				
ONPATTRO ORDER*:  (SELECT ONE OF THE FOLLOWING)  Less than 100 KG Dose: 0.3 mg/kg IV ever  Equal to or Greater than 100 KG Dose: 30  Pre-medications:IV Dexamethasone 10mgOral Acetamino	mg IV every 3 weeks  phen 500mg IV Benadryl 50mg IV Ranitidine 50mg				
Physician Signature*					
REQUIRED DIAGNOSIS:	REQUIRED DOCUMENTATION CHECKLIST:				
Neuropathic Heredofamilial Amyloidosis	Patient Demographics				
*STAT REASON: (STAT request will be assessed per MPP policy and protocol)	Insurance Card/Information Clinical/Progress Notes supporting DX History and Physical				
STANDING LAB ORDERS: CMP CBC	Last Infusion/Injection Date:				
Labe to be drawn by Infusion Contor Eroque	nov				
Labs to be drawn by Infusion Center Freque	ency				