Revitalize Infusion Center
885 Liberty Road Suite 300 Flowood, MS 39232
1067 Highland Colony Parkway Suite G Ridgeland, MS 39157
Phone: 601-213-0069 Fax: 601-714-1569

Patient Name	DOB
Allergies	

Diagnosis: ☐ Fabry Disease (E75.21) ☐ Other _____

****REQUIRED INFORMATION****

- ☐ This signed order from the provider
- ☐ Patient demographics & insurance information
- ☐ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis

FABRAZYME ORDER

Patient Weight _____

☐ **Dose:** 1mg/kg IV every 2 weeks x 1 year

☐ Other: _____ mg IV every 2 weeks x 1 year

Pre-Medication Orders: Tylenol ☐ 500mg ☐ 1000mg PO

Benadryl ☐ 25mg ☐50mg PO

Solumedrol _____ mg IV

Last Infusion Date & Rate _____

Additional Instructions _____

Prescriber's Signature		Date
Prescriber's Name	Phone	Fax