



Houssam Al Kharrat  
Gastroenterology

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South Plains  
Infusion

# KRYSTEXXA (pegloticase) Infusion orders

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

M  F

Phone #1 : \_\_\_\_\_ (H/W/C)

Phone #2: \_\_\_\_\_ (H/W/C)

Diagnosis: Please provide ICD-10 code

\_\_\_\_\_ Chronic Gout

\_\_\_\_\_ (other)

### PRE-MEDICATION

- Tylenol 1000mg PO
- Diphenhydramine 25mg PO
- Cetirizine 10mg PO
- \_\_\_\_\_ (other)

- Solu-Medrol 125mg IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP
- \_\_\_\_\_ (other)

### KRYSTEXXA ORDERS

<b>DOSAGE/FREQUENCY</b>	<b>PATIENT WEIGHT</b>
<input checked="" type="radio"/> 8mg IV every 2 weeks	_____ lbs.
	_____ kg
<b>PREMEDICATION PER PRESCRIBING INFORMATION</b>	
<input type="checkbox"/> Solu-medrol 125mg IV	
<input type="checkbox"/> Diphenhydramine 25mg PO	

### NOTES

### ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please FAX:  Medication Order  Demographics  Clinicals  Labs  X-Rays  
to 1-806-302-1241 (must dial "1")