

**ELAPRASE (IDURSULFASE)  
INFUSION ORDERS**

**\*\*REQUIRED INFORMATION\*\***

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes** supporting primary diagnosis

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

**Diagnosis:**

- Hunter Syndrome (ICD-10: \_\_\_\_\_)

**J Code: J1743**

**ELAPRASE ORDERS**

- 0.5 mg/kg IV every week

Pt. Weight \_\_\_\_\_ kg

Premedications:  Tylenol 1000 mg PO  Benadryl 25 mg PO to be given 30 minutes before infusion (if not contraindicated).

**\*\*Patient must bring own EpiPen to each infusion.**

**\*\*Once we receive all necessary documentation, we will schedule the patient's treatment.**

**Additional Instructions:**

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>**Physician Signature:</b>	<b>Date:</b>	