

DATE

FAX FORM TO: 1.877.597.3070 | **PHONE:** 1.800.473.3516 | **EMAIL:** <u>specialty@wellpartner.com</u>

Complete the following or include demographic sheet.

DISPENSE AS WRITTEN

1. PATIENT INFORM	MATION		2. PRESCRIBER INFORMATION				
Name:			Name:				
Address:			DEA #: NPI #:	State I	_ic. #:		
City, State, ZIP:			Group or Hospital:				
Primary Phone:		DOB: / /	Address:				
Alternate Phone:		Gender:	City, State, Zip:				
Email:			Phone:	Fax: -	-		
Primary Language:		Last Four of SSN:	Contact Person:	Phone: -	-		
3. INSURANCE INF	FORMATION	Fax copy of presc ,	ription and insurance cards with this fo	rm, if available	(front and back)		
Primary Insurance Company Name:			Secondary Insurance Company Name:				
Primary Cardholder Name:			Secondary Cardholder Name:				
Relationship: Se	elf Spouse/Partr	er Child/Dependent	Relationship: Self Spouse	/Partner	Child/Dependent		
Phone: -	- Member ID:	Group #:	Phone: Member	r ID:	Group #:		
4. DIAGNOSIS AND	CLINICAL INFORMA	TION					
Needs by Date: /	/	Ship to: Patient	Office Other:				
Date of Diagnosis:	/ /	Gauchers Disease: T	ype1 O Type2 O Type3				
○ E74.Ø2 Pompe Disease		Does the patient have clin	Does the patient have clinical symptoms of Fabry disease?				
E75.21 Fabry Disease		Pompe Disease: \(\) Infar	Pompe Disease:				
E7E 22 Cauchar D				Site of care: MD Office Infusion Clinic Hospital Outpatient Home Health Other:			
E75.22 Gaucher D E76.Ø1 Hurler's Sy		Site of care: MD Office	e O Infusion Clinic O Hospital Outpatient	: O Home Healt	h Other:		
E76.Ø1 Hurler's Sy E76.Ø3 Scheie's S	yndrome Syndrome	Site of care: MD Office Nursing needed? Yes		Home Healt	h Other:		
E76.Ø1 Hurler's Sy E76.Ø3 Scheie's S	ındrome			Home Healt	h Other:		
E76.Ø1 Hurler's SyE76.Ø3 Scheie's SE76.219 Mucopoly	yndrome Syndrome	Nursing needed? Yes		Home Healt	h Other:		
E76,Ø1 Hurler's Sy E76,Ø3 Scheie's S E76,219 Mucopoly Other:	vndrome Nyndrome ysaccharidosis, Type II Weight (lb/kg):	Nursing needed? Yes		t O Home Healt	h Other:		
E76.Ø1 Hurler's Sy E76.Ø3 Scheie's S E76.219 Mucopoly Other: Height (in/cm):	vndrome Nyndrome ysaccharidosis, Type II Weight (lb/kg):	Nursing needed? Yes		Home Healt	h Other:		
E76.Ø1 Hurler's Sy E76.Ø3 Scheie's S E76.219 Mucopoly Other: Height (in/cm):	vndrome hyndrome ysaccharidosis, Type II Weight (lb/kg): INFORMATION	Nursing needed? Yes Allergies: Current Medications: Directions Dose: mg mg/kg	s No Agency of Choice:	Quantity			
E76,Ø1 Hurler's Sy E76,Ø3 Scheie's S E76,219 Mucopoly Other: Height (in/cm): 5. PRESCRIPTION I	windrome syndrome sysaccharidosis, Type II Weight (lb/kg): INFORMATION Dose/Strength	Nursing needed? Yes Allergies: Current Medications: Directions Dose: mg mg/kg Volume to infuse: ml Rate Dose: mg mg/kg	body weight, IV Ramping Require	Quantity d	Refills 12 months		
E76.Ø1 Hurler's Sy E76.Ø3 Scheie's S E76.219 Mucopoly Other: Height (in/cm): 5. PRESCRIPTION I Medication Aldurazyme	windrome syndrome sysaccharidosis, Type II Weight (lb/kg): INFORMATION Dose/Strength 2.9 mg vial	Nursing needed? Yes Allergies: Current Medications: Directions Dose: mg mg/kg Volume to infuse: ml Rate Dose: mg mg/kg Volume to infuse: ml Rate Dose: mg mg/kg	body weight, IV Ramping Require e: ml Frequency: body weight, IV Ramping Require e: ml Frequency:	Quantity ad	Refills 12 months 12 months		
E76.Ø1 Hurler's Sy E76.Ø3 Scheie's S E76.219 Mucopoly Other: Height (in/cm): 5. PRESCRIPTION I Medication Aldurazyme Cerezyme	windrome syndrome syndrome sysaccharidosis, Type II Weight (lb/kg): INFORMATION Dose/Strength 2.9 mg vial 400 unit vial	Nursing needed? Yes Allergies: Current Medications: Directions Dose: mg mg/kg Volume to infuse: ml Rate Dose: mg mg/kg Volume to infuse: ml Rate Dose: mg mg/kg	body weight, IV Ramping Require e: ml Frequency: body weight, IV Ramping Require	Quantity d - dd - dd -	Refills 12 months 12 months 12 months 12 months		
E76,Ø1 Hurler's Sy E76,Ø3 Scheie's S E76,219 Mucopoly Other: Height (in/cm): 5. PRESCRIPTION Medication Aldurazyme Cerezyme Elaprase	windrome syndrome syndrome sysaccharidosis, Type II Weight (lb/kg): INFORMATION Dose/Strength 2.9 mg vial 400 unit vial 6 mg vial 5 mg vial 35 mg vial	Nursing needed? Yes Allergies: Current Medications: Directions Dose: mg mg/kg Volume to infuse: ml Rate	body weight, IV Ramping Require e: ml Frequency: body weight, IV Ramping Require	Quantity ad	Refills 12 months 12 months 12 months 12 months 12 months		
E76.Ø1 Hurler's Sy E76.Ø3 Scheie's S E76.219 Mucopoly Other: Height (in/cm): 5. PRESCRIPTION I Medication Aldurazyme Cerezyme Elaprase Fabrazyme	windrome syndrome syndrome sysaccharidosis, Type II Weight (lb/kg): INFORMATION Dose/Strength 2.9 mg vial 400 unit vial 6 mg vial 5 mg vial 35 mg vial	Nursing needed? Yes Allergies: Current Medications: Directions Dose: mg mg/kg Volume to infuse: ml Rate distribution drug that requires addition Dose: mg mg/kg	body weight, IV Ramping Require e: ml Frequency:	Quantity Ind Ind Ind Ind Ind Ind Ind In	Refills 12 months 12 months 12 months 12 months 12 months		
E76,Ø1 Hurler's Sy E76,Ø3 Scheie's S E76,219 Mucopoly Other: Height (in/cm): 5. PRESCRIPTION Medication Aldurazyme Cerezyme Elaprase Fabrazyme Lumizyme ¹ (LD)*	windrome syndrome sysaccharidosis, Type II Weight (lb/kg): INFORMATION Dose/Strength 2.9 mg vial 400 unit vial 6 mg vial 5 mg vial (LD)* This is a limited 50 mg vial	Nursing needed? Yes Allergies: Current Medications: Directions Dose: mg mg/kg Volume to infuse: ml Rate distribution drug that requires addition Dose: mg mg/kg Volume to infuse: ml Rate	body weight, IV Ramping Require e: ml Frequency: body weight, IV Ramping Require explain Requi	Quantity ad ad ad ad ad an ad an ad an	Refills 12 months 12 months 12 months 12 months 12 months		
E76,Ø1 Hurler's Sy E76,Ø3 Scheie's S E76,219 Mucopoly Other: Height (in/cm): 5. PRESCRIPTION I Medication Aldurazyme Cerezyme Elaprase Fabrazyme Lumizyme [†] (LD)* Myozyme	windrome syndrome sysaccharidosis, Type II Weight (lb/kg): INFORMATION Dose/Strength 2.9 mg vial 400 unit vial 6 mg vial 5 mg vial (LD)* This is a limited 50 mg vial	Nursing needed? Yes Allergies: Current Medications: Directions Dose: mg mg/kg Volume to infuse: ml Rate distribution drug that requires addition Dose: mg mg/kg Volume to infuse: ml Rate distribution drug that requires addition Dose: mg mg/kg	body weight, IV Ramping Require e: ml Frequency: body weight, IV Ramping Require	Quantity Ind Ind Ind Ind Ind Ind Ind In	Refills 12 months 12 months 12 months 12 months 12 months		
E76,Ø1 Hurler's Sy E76,Ø3 Scheie's S E76,219 Mucopoly Other: Height (in/cm): 5. PRESCRIPTION Medication Aldurazyme Cerezyme Elaprase Fabrazyme Lumizyme [†] (LD)* Myozyme Naglayme (LD)*	windrome syndrome sysaccharidosis, Type II Weight (lb/kg): INFORMATION Dose/Strength 2.9 mg vial 400 unit vial 6 mg vial 5 mg vial (LD)* This is a limited (LD)* This is a limited 200 unit vial	Nursing needed? Yes Allergies: Current Medications: Directions Dose: mg mg/kg Volume to infuse: ml Rate distribution drug that requires addition Dose: mg mg/kg Volume to infuse: ml Rate distribution drug that requires addition Dose: mg mg/kg	body weight, IV Ramping Require e: ml Frequency: nal handling. Please call (1.800.473.3516) for r body weight, IV Ramping Require e: ml Frequency:	Quantity Ind Ind Ind Ind Ind Ind Ind In	Refills 12 months 12 months 12 months 12 months 12 months 12 months		
E76,Ø1 Hurler's Sy E76,Ø3 Scheie's S E76,219 Mucopoly Other: Height (in/cm): 5. PRESCRIPTION I Medication Aldurazyme Cerezyme Elaprase Fabrazyme Lumizyme [†] (LD) [*] Myozyme Naglayme (LD) [*] VPRIV Cerdelga hysicians and patients in	windrome syndrome sysaccharidosis, Type II Weight (lb/kg): INFORMATION Dose/Strength 2.9 mg vial 400 unit vial 6 mg vial 35 mg vial (LD)* This is a limited 50 mg vial (LD)* This is a limited 200 unit vial 400 unit vial 84 mg capsule	Nursing needed? Yes Allergies: Current Medications: Directions Dose: mg mg/kg Volume to infuse: ml Rate distribution drug that requires addition Dose: mg mg/kg Volume to infuse: ml Rate distribution drug that requires addition Dose: mg mg/kg Volume to infuse: ml Rate Take 1 capsule times per dag e Lumizyme ACE program by calling 1	body weight, IV Ramping Require e: ml Frequency: nal handling. Please call (1.800.473.3516) for r body weight, IV Ramping Require e: ml Frequency:	Quantity Ind Ind Ind Ind Ind Ind Ind In	Refills 12 months 12 months 12 months 12 months 12 months 12 months		

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PRODUCT SUBSTITUTION PERMITTED

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