

**PATIENT INFORMATION**
 *Demographics attached*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S) (FRONT AND BACK)**
**MEDICAL INFORMATION**

 Diagnosis:  Pompe Disease ICD-10 Code: \_\_\_\_\_  
 Other \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Patient Weight: \_\_\_\_\_ lbs.

Allergies: \_\_\_\_\_

 Clinical/ Progress note, labs, and test supporting primary diagnosis attached

Lab Orders: \_\_\_\_\_

**NEXVIAZYME ORDERS**

 Nexviazyme  20mg/kg IV every 2 weeks  
 Other Dosage: \_\_\_\_\_

 Pre-Medication  Tylenol 1000mg PO  
 Benadryl 25 mg PO  
 Solumedrol \_\_\_\_\_ mg  
 Other: \_\_\_\_\_

**ADDITIONAL ORDERS/COMMENTS**
**PHYSICIAN INFORMATION**

 By signing this form and utilizing our services, you are authorizing *Paragon Healthcare, Inc.* and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

 Physician Signature: \_\_\_\_\_ Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**INFUSION CENTER LOCATIONS**
 Alpharetta, GA  Arlington, TX  Atlanta, GA  Austin, TX  Bee Cave, TX  Birmingham, AL  Cape Coral, FL  Clear Lake, TX  Clearwater, FL  Coppell, TX  Creve Coeur, MO  Dallas, TX  
 Decatur, GA  Denver, CO  El Paso East, TX  El Paso West, TX  Fort Myers, FL  Fort Worth, TX  Hendersonville, TN  Houston, TX  Huntsville, AL  Independence, MI  Kansas City, MI  
 Knoxville, TN  Kyle, TX  Lubbock, TX  Montgomery, AL  Murfreesboro, TN  Naples, FL  Nashville, TN  North Hills, TX  Plano, TX  Round Rock, TX  San Antonio, TX  Sarasota, FL  
 Smyrna, GA  St. Louis, MI  Stone Oak, TX  Waco, TX  West Houston, TX  The Woodlands, TX  Other: \_\_\_\_\_

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