

Patient Status: ☐ NEW * ☐ CONTINUING

Next Due Date (if applicable) _____

Choose Location _____

* Include recent labs and last 2 office visit notes

Name	DOB
Phone	Other Phone
Email	SSN
Allergies	Weight ☐ Lbs ☐ Kg Gender ☐ M ☐ F

INSURANCE INFORMATION (Required)

Submit copies of the front and back of primary and/or secondary insurance cards with this referral

Physician Name	NPI#
License #	TIN#
Address	DEA#
City	State
Office Contact	Zip
Phone	Email
	Fax

DIAGNOSIS INFORMATION:
☐ Chronic Gout

ICD 10 Code _____

☐ Other _____

*Serum Uric Acid (SUA) and G6PD required for referral

PRESCRIPTION INFORMATION (valid for 12 months)

Krystexxa Dosing

☐ Administer 8mg every 2 weeks IV

☐ Vital signs per HI Protocol

☐ Anaphylaxis & Hydration Management per HI Protocol

☐ Horizon Infusions will prescribe and manage Immunomodulation Therapy - **REQUIRED LABS: CBC, CMP, Hep B, TB, and Folate**
OR
☐ IMM Therapy: _____

IMM Start Date: _____

 IMM Contraindicated/Not Clinically Appropriate: ☐
 (Documentation Required)

PRE-MEDICATIONS ☐ N/A

☐ Acetaminophen ☐ 500mg ☐ 650mg ☐ 1000mg

☐ Fexofenadine (Allegra) 180mg PO (or other non-sedating antihistamine)

☐ Diphenhydramine (Benadryl) ☐ 25mg ☐ 50mg ☐ PO
☐ IV (requires driver)

☐ Methylprednisolone (Solu-Medrol)
☐ 40mg ☐ 80mg ☐ 125mg IV

☐ Prednisone _____ mg PO

☐ Other _____

POST-MEDICATIONS ☐ N/A

☐ Acetaminophen ☐ 500mg ☐ 650mg ☐ 1000mg

☐ Prednisone _____ mg PO

☐ Other _____

LABS
☐ CBC w/ Diff ☐ Each infusion ☐ Other frequency _____

☐ CRP ☐ Each infusion ☐ Other frequency _____

☐ CMP ☐ Each infusion ☐ Other frequency _____

☐ ESR ☐ Each infusion ☐ Other frequency _____

☐ Hepatic Panel ☐ Each infusion ☐ Other frequency _____

☐ Renal Panel ☐ Each infusion ☐ Other frequency _____

☐ Quantiferon TB Gold, annually, last completed (date) _____

☐ Folate ☐ Each infusion ☐ Other frequency _____

☐ Other (specify): _____

Provider Signature _____

Date _____

Fax Referrals to:

Kentucky (888) 977-0914 | New York (315) 457-4305 | Ohio (888) 977-0914 | Pennsylvania (724) 240-1586