



CONSULTANTS INC
SPECIALIZING IN INFECTIOUS DISEASES

Ambulatory Infusion Center

Parkway Medical Center
3609 Park East Drive #207
Beachwood, OH 44122

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www.idconsultants.com/aic

INFUSION ORDERS – ONPATTRO (partisaran)

Date of Referral: _____ Infusion Location: Beachwood Middleburg Heights Painesville

Patient Information

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ WT (kg): _____ HT (in): _____

Diagnosis: _____ ICD10 Code: _____

Allergies: _____

**PLEASE FAX SUPPORTING CLINICAL DOCUMENTATION, INCLUDING MEDICAL RECORDS/PROGRESS NOTES, LABS,
and INSURANCE INFORMATION (both front and back of the card) ALONG WITH THIS FORM**

ONPATTRO DOSING

Less than 100 kg:

0.3 mg/kg IV every 3 weeks

Greater than or equal to 100 kg:

0.3 mg/kg IV every 3 weeks

Premed Orders:

Specific dose of Famotidine 20 mg IV, Benadryl 50 mg IV, Dexamethasone 10 mg IV, Tylenol 500 mg PO

Other premed orders: _____

Special Needs/Considerations: _____

Prescribing Physician: _____

Address: _____

Physician Signature: _____ Date: _____

Physician Phone: _____ Fax: _____

LAB REQUIREMENTS and LAB MONITORING ARE THE RESPONSIBILITY OF THE PRESCRIBING PHYSICIANS

SAFE, CONVENIENT, AND COST EFFECTIVE INFUSION SOLUTIONS