



Prestige Infusions
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Affiliation: Apex HealthRX METRODRUGS OAKHILLSPRX SPECIALTY PHARMACY GoldenHealthCare Specialty Pharmacy

KRYSTEXXA

(pegloticase)

Patient Name
Phone

DOB

M

F

DIAGNOSIS *Please provide ICD-10 code*

Chronic Gout

(other)

PRE-MEDICATION

Tylenol 1000mg PO
Cetirizine 10mg PO

Solu-Cortef 100mg IVP
Diphenhydramine 25mg IVP

(other)

(other)

KRYSTEXXA ORDERS

DOSAGE/FREQUENCY

8mg IV every 2 weeks

PATIENT WEIGHT

lbs.

kg

PREMEDICATION PER PRESCRIBING INFORMATION

Solu-medrol 125mg IV

Diphenhydramine 25mg PO

NOTES

ORDERING PROVIDER

Signature X Date _____

Provider

Phone

Fax