



**CRYSVITA® (BUROSUMAB-TWZA) ORDER FORM**  **STAT REQUEST**  
*(\* - Required Fields)* >(\*REASON MUST BE PROVIDED BELOW)

**New Referral**     **Order Renewal**     **Medication/Order Change**  
 **Benefits Verification Only**     **Discontinuation Order**

PATIENT INFORMATION			
NAME*:		DOB*:	SEX:    M    F
ADDRESS:		PHONE:	
WEIGHT:	LBS    KG	HEIGHT:	EMAIL:
ALLERGIES:			

PHYSICIAN INFORMATION			
PHYSICIAN NAME*:		PRACTICE NAME:	
ADDRESS:		OFFICE CONTACT*:	
PHONE:	FAX:	EMAIL (FOR UPDATES):	

<p><b>CRYSVITA ORDER*:</b> <i>(SELECT ONE OF THE FOLLOWING)</i></p> <p><input type="checkbox"/> Dosing: 1 mg/kg body weight administered every four weeks (Rounded to the nearest 10 mg up to a maximum dose of 90 mg)</p>	<p>ICD-10*: _____</p>
<p>Physician Signature* _____    Date*(Order is Valid for One Year) _____ <i>Infusion will be administered per MPP policy and protocols</i></p>	

REQUIRED DIAGNOSIS:
<input type="checkbox"/> X-linked hypophosphatemia <input type="checkbox"/> Other _____
<p><b>*STAT REASON:</b> (STAT requests will be assessed per MPP policy and protocols)</p>

REQUIRED DOCUMENTATION CHECKLIST:
<input type="checkbox"/> Patient Demographics
<input type="checkbox"/> Insurance Card/Information
<input type="checkbox"/> Clinical/Progress Notes supporting DX
<input type="checkbox"/> Current Medication List and H&P
<input type="checkbox"/> Elevated Serum Fibroblast 23 > 30pg/ml (if available)
<input type="checkbox"/> Serum Phosphorus
Last Infusion/Injection Date: _____

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<p><b>NOTES/ADDITIONAL COMMENTS:</b></p>
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Locations:
<p style="text-align: center;"><b>Colorado</b></p> <p><input type="checkbox"/> Lakewood</p>
<p style="text-align: center;"><b>Florida</b></p> <p><input type="checkbox"/> Jacksonville  <input type="checkbox"/> Kissimmee  <input type="checkbox"/> Port St. Lucie  <input type="checkbox"/> Suncoast  <input type="checkbox"/> Winter Park</p>
<p style="text-align: center;"><b>Texas</b></p> <p><input type="checkbox"/> Arlington  <input type="checkbox"/> Cedar Hill  <input type="checkbox"/> Dallas  <input type="checkbox"/> Denton  <input type="checkbox"/> Ft. Worth  <input type="checkbox"/> Irving  <input type="checkbox"/> Rockwall  <input type="checkbox"/> Southlake  <input type="checkbox"/> Flower Mound  <input type="checkbox"/> Plano  <input type="checkbox"/> Tyler</p>
<p>REVISION DATE- 03/2021</p>