



Fax Referrals To: (855) 891-2191  
 Email Referrals To: [referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com)  
 Have a Question? (855) 478-1528

ONPATTRO™ (PATISIRAN) ORDER FORM  
 (\* - Required Fields)

**STAT REQUEST**  
 (\*REASON MUST BE PROVIDED BELOW)

<b>New Referral</b>	<b>Referral Renewal</b>	<b>Medication/Treatment Change</b>
<b>Benefits Verification Only</b>		<b>Discontinuation Order</b>
<b>PATIENT INFORMATION</b>		
NAME*:		DOB*:
ADDRESS:		SEX: <input type="checkbox"/> M <input type="checkbox"/> F
WEIGHT:      LBS   KG	HEIGHT:	EMAIL:
ALLERGIES:		
<b>PHYSICIAN INFORMATION</b>		
PHYSICIAN NAME*:		PRACTICE NAME:
ADDRESS:		OFFICE CONTACT*:
PHONE:	FAX:	EMAIL (FOR UPDATES):
ONPATTRO Infusion*: _____ ICD-10*: _____ <i>(SELECT ONE OF THE FOLLOWING)</i>		
<b>Less than 100 KG Dose:</b> 0.3 mg/kg IV every 3 weeks by intravenous infusion  <b>Equal to or Greater than 100 KG Dose:</b> 30 mg IV every 3 weeks		
Physician Signature* _____		Date*(Referral Valid for One Year) _____
*NPI # _____		<i>Infusion will be administered per VIVO policy and protocols</i>
<b>ICD-10 Description:</b>          <div style="color:red; font-size:small;"> <b>*STAT REASON:</b>            (STAT requests will be assessed per VIVO policy and protocols)         </div>	<b>REQUIRED DOCUMENTATION CHECKLIST:</b>  Patient Demographics  Insurance Card/Information  Progress Notes supporting DX  Current Medication List and H&P	
Last Infusion/Injection Date: _____		
STANDING LAB REQUEST (to be drawn by clinic):	CMP	CBC *Frequency _____
Additional comments/notes:		

- Locations:**
- Colorado-----  
 \_\_\_\_\_ Lakewood
- Florida-----  
 \_\_\_\_\_ Jacksonville  
 \_\_\_\_\_ Kissimmee  
 \_\_\_\_\_ Port St. Lucie  
 \_\_\_\_\_ Suncoast  
 \_\_\_\_\_ Winter Park
- Ohio-----  
 \_\_\_\_\_ Beachwood  
 \_\_\_\_\_ Middleburg Hts.  
 \_\_\_\_\_ Painesville  
 \_\_\_\_\_ Youngstown  
 \_\_\_\_\_ Westlake  
 \_\_\_\_\_ Fairlawn
- Oklahoma-----  
 \_\_\_\_\_ Tulsa
- Texas-----  
 \_\_\_\_\_ Arlington  
 \_\_\_\_\_ Cedar Hill  
 \_\_\_\_\_ Dallas  
 \_\_\_\_\_ Denton  
 \_\_\_\_\_ Ft. Worth  
 \_\_\_\_\_ Irving  
 \_\_\_\_\_ Rockwall  
 \_\_\_\_\_ Southlake  
 \_\_\_\_\_ Flower Mound  
 \_\_\_\_\_ Plano  
 \_\_\_\_\_ Tyler
- REVISION DATE- 5/2022