



159 Fountains Blvd. Madison, MS 39110
Phone: 601.859.8200 Fax: 601.859.8201

**CRYSVITA (burosumab)
INFUSION ORDERS**

****REQUIRED INFORMATION****

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs & Tests** supporting primary diagnosis (ICD-10 below)
- Baseline fasting serum phosphorus attached

Patient Name:	DOB:
Allergies:	Patient Phone:

Diagnosis:

X-linked hypophosphatemia (XLH) (ICD-10: _____)

Pt. Weight _____ kg Allergies: _____

CRYSVITA ORDERS

Adult XLH 1 mg/kg subcutaneously rounded to nearest 10mg, every 4 weeks (MAX Dose 90mg)

Pediatric XLH 0.8 mg/kg subcutaneously rounded to nearest 10mg, every 2 weeks (MAX Dose 90mg)

Additional Instructions:

Physician Name:	Phone:	Fax:
**Physician Signature:	Date:	