**Fax**

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| --- | --- | --- | --- |
| TO: |  | from: |  |
| fax: |  | fax: |  |
| phone: |  | phone: |  |
| subject: | Krystexxa Referral | date: |  |
| comments | Documents needed to start the authorization process:* Order sheet
* Patient demographics including insurance information
* Most recent 2-3 Office Visit Notes
* G6PD Lab
* Uric acid levels (will need prior to each infusion)
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