

TN
100 Covey Drive
Suite 307
Franklin, TN 37067



Office: 212-803-3339 Fax: 646-768-8600

(C1 esterase inhibitor)

CINRYZE

Infusion orders

Date: _____

PATIENT INFORMATION

Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

REFERRAL STATUS

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

PHYSICIAN INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

DIAGNOSIS D84.1

D84.1 - Defects in the complement system (C1 esterase inhibitor [C1-INH] deficiency)

- _____

PRE-MEDICATION

- Tylenol 1000mg PO Solu-Medrol 125mg IVP
 Diphenhydramine 25mg PO Solu-Cortef 100mg IVP
 Cetirizine 10mg PO Diphenhydramine 25mg IVP
 _____ (other) _____ (other)

SPECIAL INSTRUCTIONS

ACTEMRA ORDERS

DOSE:

1,000u IV every 3-4 days

Other _____

PATIENT WEIGHT

_____ lbs.

_____ kg

TOTAL DOSES:

- 1 yr _____ Other _____ Refill _____
Route: SQ IV

NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____