

Borough Park
1428 36th Street
Suite 107
Brooklyn, NY 11218

Sheepshead Bay
2546 East 17th Street
Fl. 1
Brooklyn, NY 11235

Bronx
226 West 238th Street
Bronx, NY 10463

Forest Hills
64-05 Yellowstone Blvd
CF104
Forest Hills, NY 11375

Long Island City
36-36 33rd
Suite 311
Long Island City, NY 11106

Massapequa
97 Grand Avenue
Massapequa, NY 11758

E 56th & Park Midtown
120 East 56 Street
Suite 300
New York, NY 10022

FIDI
30 Broad Street
Suite 401
New York, NY 10004

Gramercy
7 Gramercy Park West
Lower Level
New York, NY 10003

NYC
E 70th St Upper East Side
225 E 70th Street
Suite 1E
New York, NY 10021

Central Park West
115 Central Park West
Suite 15
New York, NY 10023

ThriveWell
I N F U S I O N
Office: 212-803-3339 Fax : 646-768-8600


Mission Medical

Tarrytown
555 Taxter Road
3rd Floor
Elmsford, NY 10523

Port Jefferson
12 Medical Drive
Suite B
Port Jefferson Station, NY 11776

Staten Island
27 New Dorp Lane
Staten Island, NY 10306

Southampton
625 Hampton Road
Southampton, NY 11968

Riverhead
1228 E Main Street
Suite A
Riverhead, NY 11901

Holbrook
233 Union Avenue
Suite 207
Holbrook, NY 11741

Manhasset
333 East Shore Road
Suite 201
Manhasset, NY 11030

Rockville Centre
165 North Village Avenue
Suite 133
Rockville Center, NY 11570

New Hyde Park
1991 Marcus Ave
Suite 110
Lake Success, NY, 11042

Woodbury
7600 Jericho Tpke,
Lower Level, Suite C500
Woodbury NY 11797

Alpha1 Proteinase Inhibitor, Human
(Prolastin-C Liquid, Aralast NP, Glassia) **Date:** _____

PATIENT INFORMATION		
Name:	DOB:	SEX: M ☐ F ☐
Allergies:	Date of Referral:	

PHYSICIAN INFORMATION		
Physician Name*:		Practice Name:
Address:		Office Contact*:
Phone:	Fax:	Email (for updates):

REFERRAL STATUS	
☐ New Referral	☐ Referral Renewal
☐ Medication/Order Change	☐ Benefits Verification Only
☐ Discontinuation Order	

☐ **NURSING**
Provide nursing care, including reaction management and post-procedure observation.

LABORATORY ORDERS
☐ CBC ☐ at each dose ☐ every _____
☐ CMP ☐ at each dose ☐ every _____
☐ Other: _____

PRE-MEDICATION ORDERS
☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO
☐ cetirizine (Zyrtec) 10mg PO
☐ loratadine (Claritin) 10mg PO
☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV
☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV
Other: _____
Dose: _____ Route: _____
Frequency: _____

SPECIAL INSTRUCTIONS

THERAPY ADMINISTRATION
Alpha1 proteinase inhibitor, human, please choose one:
☐ **(Prolastin-C Liquid)** intravenous infusion with 5-15-micron infusion filter
•Dose: ☐ 60mg/kg (+/- 10%) ☐ Other: _____
•Frequency: ☐ IV weekly ☐ Other: _____
•Rate: ☐ Administer up to 0.08ml/kg/min
☐ Other: _____
(No less than 15mins)
☐ **Glassia**
•Dose: ☐ 60 mg/kg ☐ Other: _____
•Frequency: ☐ IV weekly ☐ Other: _____
•Rate ☐ Administer a rate not to exceed 0.2 mL/kg/min with 5 micron infusion filter ☐ Other: _____
☐ **Aralast NP**
•Dose: ☐ 60 mg/kg ☐ Other: _____
•Frequency: ☐ IV weekly ☐ Other: _____
•Rate: ☐ Administer at a rate not to exceed 0.2mL/kg/min
☐ Other: _____
☐ Flush with 0.9% sodium chloride at the completion of infusion
☐ Patient is required to stay for 30-minute observation post IV
☐ Patient is NOT required to stay for observation time
☐ Refills: ☐ Zero / ☐ for 12 months / ☐ _____ (if not indicated order will expire one year from date signed)

NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature X Date _____

Provider _____ Phone _____ Fax _____