

Los Angeles, CA
2080 Century Park East
Suite 710
Los Angeles, CA 90067

(C1 esterase inhibitor)

CINRYZE infusion orders

Date: _____

Patient Name _____ DOB _____

Phone _____ M ☐ F ☐

REFERRAL STATUS

☐ Allergies: _____

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

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

☐ _____

☐ _____ (other)

PER-MEDICATION

☐ Tylenol 1000mg PO

☐ Solu-Medrol 125mg IVP

☐ Diphenhydramine 25mg PO

☐ Solu-Cortef 100mg IVP

☐ Cetirizine 10mg PO

☐ Diphenhydramine 25mg IVP

☐ _____ (other)

☐ _____ (other)

CINRYZE ORDERS

DOSAGE

☒ 1,000u IV every 3-4 days

☐ Other

PATIENT WEIGHT

_____ lbs.

_____ kg

TOTAL DOSES: 1 yr _____ Other _____ Refill _____

NOTES

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____