Princeton / Somerset New Jersey
49 Veronica Avenue
Suite 202
Somerset, NJ 08873

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

REJUVEINATE

(C1 esterase inhibitor)

CINRYZE infusion orders

Date: _____

Patient Name _____ DOB _____

Phone _____ M ○ F ○

○ Allergies:_____

REFERRAL STATUS

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

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

☐ _____

☐ _____ _____
(other)

PER-MEDICATION

☐ Tylenol 1000mg PO
☐ Diphenhydramine 25mg PO
☐ Cetirizine 10mg PO
☐ _____ *(other)*

☐ Solu-Medrol 125mg IVP
☐ Solu-Cortef 100mg IVP
☐ Diphenhydramine 25mg IVP
☐ _____ *(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 _____