

(C1 esterase inhibitor)

# CINRYZE infusion orders

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ M  F

## DIAGNOSIS *Please provide ICD-10 code*

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

\_\_\_\_\_ (other)

## PRE-MEDICATION

Tylenol 1000mg PO

Solu-Medrol 125mg IVP

Diphenhydramine 25mg PO

Solu-Cortef 100mg IVP

Cetirizine 10mg PO

Diphenhydramine 25mg IVP

\_\_\_\_\_ (other)

\_\_\_\_\_ (other)

Length of Need \_\_\_\_\_

## CINRYZE ORDERS

### DOSAGE

1,000u IV every 3-4 days

### PATIENT WEIGHT

\_\_\_\_\_ lbs.

Refills: \_\_\_\_\_ kg

Notes

## ORDERING PROVIDER

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

NPI# \_\_\_\_\_

DEA# \_\_\_\_\_

**FAX ORDERS: 702-780-4887**