LifeCare INFUSION

6415 Fort Apache Road, Suite #175
Las Vegas, NV 89148
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Ultomiris (ravulizumab-cwvz) **Infusion Orders**

Patient Name: _____ Date of Birth: _____
Address: _____ Phone Number: _____
Gender: _____ Height: _____ Weight: _____ (lb./kg)

Diagnosis

☐ ____ Paroxysmal Nocturnal Hemoglobinuria
☐ ____ Atypical Hemolytic Uremic Syndrome
☐ ____ Generalized Myasthenia Gravic

Pre-Medication

☐ Tylenol 1000mg PO
☐ Cetirizine 10mg PO
☐ Diphenhydramine 25mg PO
☐ Solu-Medrol 125 IVP`
☐ Solu-Cortef 100mg IVP
☐ Diphenhydramine 25mg IVP
☐ _____
☐ _____

Orders

Loading Dose	**Maintenance Dose**
☐ 40 to 60kg: 2,400 mg IV	☐ 40 to <60kg: 3,000mg IV every 8 weeks
☐ >60 to <100kg: 2,700 mg IV	☐ >60 to <100kg: 3,300mg IV every 8 weeks
☐ >100kg: 3,000mg IV	☐ >100kg: 3,600mg IV every 8 weeks
	_____ Refills

Notes

_____
_____
_____

Ordering Provider

Signature: _____ Date: _____
Provider: _____ Phone: _____ Fax: _____
Address: _____
NPI: _____ DEA: _____