

NPI# _____
DEA# _____

FAX ORDERS: 702-697-2107



(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

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

(other)

(other)

CINRYZE ORDERS

DOSAGE	PATIENT WEIGHT
1,000u IV every 3-4 days	lbs.
	kg

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____

Phone _____

Fax _____

Address: _____
