FAX: 203-724-4838

CIVIC INFUSION

249 Danbury Road, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

(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

☐ _____
(other)

☐ Solu-Medrol 125mg IVP

☐ Solu-Cortef 100mg IVP

☐ Diphenhydramine 25mg IVP

☐ _____
(other)

CINRYZE ORDERS

DOSAGE

◉ 1,000u IV every 3-4 days

PATIENT WEIGHT

_____ lbs.

_____ kg

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____