



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

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 |
| | HEIGHT |
| | ft |
| | in |

NOTES

ORDERING PROVIDER

Signature X _____ Date

Provider

Phone

Fax