



ALPHA1-PROTEINASE INHIBITORS, HUMAN Order Form

Outpatient Infusion

| | |
|---------------------|--|
| Patient Name | |
| DOB | |
| Address | |
| Phone | |

Order Status New Order Renewal Dose or Frequency Change

| | | |
|------------------|---|---------------------------------|
| Diagnosis | <input type="checkbox"/> Alpha1-1-antitrypsin deficiency <input type="checkbox"/> Other: _____ | Diagnosis Code: _____ |
|------------------|---|---------------------------------|

Allergies:

| | | | |
|-----------------------------|---|-------|--------------------|
| Required Information | CBC, CMP (include lab result documents) | Date: | Weight: Height: |
|-----------------------------|---|-------|--------------------|

Labs (if applicable):

| | |
|------------------------|---|
| Pre-Medications | <input type="checkbox"/> Diphenhydramine <input type="checkbox"/> 25mg <input type="checkbox"/> 50mg <input type="checkbox"/> IV <input type="checkbox"/> PO <input type="checkbox"/> Acetaminophen <input type="checkbox"/> 325mg <input type="checkbox"/> 650mg <input type="checkbox"/> PO <input type="checkbox"/> Other: _____ |
|------------------------|---|

| | Drug | Dose | Route | Frequency |
|-------------------------|--------------------------------------|---------------------------------------|-------|---------------------------------|
| Medication Order | <input type="checkbox"/> Aralast NP | | IV | Every _____ weeks |
| | <input type="checkbox"/> Glassia | <input type="checkbox"/> 60 mg/kg | | |
| | <input type="checkbox"/> Prolastin-C | <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> Zemaira | | | |

Infusion Reaction Medications Hypersensitivity Reaction Protocol will be utilized unless otherwise specified.

- Required Documentation**
- H&P or progress note supporting diagnosis
 - Medication history
 - Recent labs (as above) and/or diagnostic test results

| | |
|------------------------|-------------|
| Provider (print name): | Date: |
| Provider Signature: | NPI: |
| Office Phone: | Office Fax: |