

Date: \_\_\_\_\_ Treatment Location: \_\_\_\_\_

**PROVIDERS: Please include the following to expedite the order.**

Most Recent Office Visit Note, Medication List, Insurance Info, testing verifying Hereditary Angioedema, any documentation regarding arterial & venous thromboembolic events  
**Verify if patient:**  Use of oral contraceptives  use of androgens  
 morbidly obese  immobile

## PATIENT INFORMATION

## PRESCRIBER INFORMATION

Patient Name: \_\_\_\_\_

Prescriber's Name: \_\_\_\_\_

Patient Contact Number: \_\_\_\_\_

**Signature:** \_\_\_\_\_

DOB: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs / kg Height: \_\_\_\_\_

Office Address: \_\_\_\_\_

Diagnosis:  T 78.3  T78.3XXA

Contact Person: \_\_\_\_\_

Other Dx/ICD10: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### The following medications will be administered per prescribing information:

No Premeds

**Center will use Hypersensitivity protocol established by Infusion for Health and P.I.**

## CINRYZE DOSAGE

Patient Weight in KG: \_\_\_\_\_

### Adults and Adolescents (12 years old and above)

1,000 IU Intravenous every 3 or 4 days - Doses up to 2,000 IU (not exceeding 80 IU/kg) every 3 or 4 days may be considered based on individual patient response.

**Dose: 1,000 IU every \_\_\_\_\_ days**

**Adjusted Dose: \_\_\_\_\_ IU/kg every \_\_\_\_\_ days**

### Children (6-11 years old)

500 IU Intravenous every 3 or 4 days - Doses up to 1,000 IU every 3 or 4 days may be considered based on individual patient response.

**Dose: 500 IU every \_\_\_\_\_ days**

**Adjusted Dose: \_\_\_\_\_ IU/kg every \_\_\_\_\_ days**

Route:  IV

*To ensure that a brand name product be dispensed, the prescriber must handwritten "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.*

**Lab Orders:**  Prior to first appointment  Other Frequency: \_\_\_\_\_

Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.