249 Danbury Rd, Wilton, CT 06897
400 Columbus Ave, Valhalla, NY 10595
127 Washington Ave, N. Haven, CT 06473
220 Farmington Ave, Farmington, CT 06032
Ph: 203-883-0038 Fax: 203-724-4838

CIVIC INFUSION

(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

HEIGHT _____ ft _____ in

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____