

# Alpha1-Proteinase Inhibitors, Human

Provider Order Form rev. 5/20/2022



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## PATIENT INFORMATION

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

Patient Phone: \_\_\_\_\_ Patient Email: \_\_\_\_\_

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

**Patient Status:**    New to Therapy    Continuing Therapy    Therapy Change    Next Due Date (if applicable): \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## DOCUMENTATION (REQUIRED)

Labs	Insurance Card (front and back)	Current Medications	History/Progress Notes
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### ICD-10 CODE

E88.01 Alpha1-1-antitrypsin deficiency  
Other: \_\_\_\_\_

### MEDICATION ORDER

#### Alpha1-Proteinase Inhibitors, Human

(choose one medication)

- Aralast NP
- Glassia
- Prolastin-C
- Zemaira

Dose: \_\_\_\_\_  
60mg/kg IV  
Other: \_\_\_\_\_

Frequency: \_\_\_\_\_  
weekly  
Other: \_\_\_\_\_

Order Expiration Date (mm/dd/yy): \_\_\_\_\_  
(If not indicated order will expire one year from date signature)

### PRE-MEDICATION ORDERS

acetaminophen (Tylenol) 500mg 650mg 1000mg PO  
cetirizine (Zyrtec) 10mg PO  
loratadine (Claritin) 10mg PO  
diphenhydramine (Benadryl) 25mg 50mg / PO IV IV  
methylprednisolone (Solu-Medrol) 40mgIV 125mg IV  
hydrocortisone (Solu-Cortef) 100mg IV  
Other: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

### SPECIAL INSTRUCTIONS

Provider Name (Print) \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Check here if this is a stat order