

Alpha1-Proteinase Inhibitors, Human

Provider Order Form rev. 5/20/2022



www.vascoinfusion.com
ph: 602-346-0204 fax: 877-637-6691

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