



Fax To: (877) 428-1627
Email To: referrals@curbsideinfusion.com
Office: (877) 428-7248
Scheduling@curbsideinfusion.com Ext. 0
Billing@curbsideinfusion.com Ext 1

CINRYZE (C1 esterase inhibitor) 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

Quzyttir 10mg IVSP over 1-2 min

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

(other)

CINRYZE ORDERS

DOSAGE	PATIENT WEIGHT
1,000u IV every 3-4 days	lbs.
	kg

NOTES

ORDERING PROVIDER

Signature X Date

Provider

Phone

Fax