## Alpha-1 Order Form

Fax completed form to:





Patient Name:     Date of Brith:          Referred Date::          Kuy State:Zip::          Kuy State:Zip:::          Kuy State:Zip:::          Kuy State:Zip::::          Kuy State:Zip:::::          Kuy State:Zip:::::::          Kuy State:Zip:::::::::::::::::::::::::::::::::::	PATIENT INFORMATION							
Home Phone:     Gel Phone:     Weight:     Male     Female       Secondary Contact:     Height:     Weight:     Male     Female       Patient Dagoosci & (U-10:     Allergies:     PROVIDER INFORMATION     Previous Secondary Contact:     DEA #:       Physician Name:     Lick #:     DEA #:     NM#:     Male     Female       Practice Name:     NM#:     NM#:     Male     Female     Male     Female       Supervisory Physician (If applicable):     NM #:     NM#:     Male     Female     Male     Female     Male     Female     Male     Female     Male     Female     F	Patient Name:		Date of Birth:		Referral [	Date:		
Secondary (ontact:   Height:   Weight:   Male   Female     Patient Diagnois & ICD-10;   Aldregies:   PROVIDER INFORMATION   PROVIDER INFORMATION     Physician Name:   LC::   DEA #:	Address:				City/State/Zip:			
Patient Diagnosis & IO-10:   Allergies:   PROVIDER INFORMATION     Physician Name:   Lic.#:   DEA #:     Practice Name:   NPUE:     Address:   City/State/Zip:     Office Contract:   Phone:   Fax:     Supervisory Physician (if applicable):   MS CLINICAL DETAILS     Type of MS:   Primary progressive multiple sclerosis (PMG) — OR — Relapsing multiple sclerosis (RMS)     Ambulation status:   Able to ambulate without all or stores for at least 100 meters     Relapse details:   Two or more relapse within the previous two years   One relapse within the previous year     Patient demographics & front/back copy of all insurance cards (prescription & medical)   Alpha – antitypion levels, FEV1 score, & smoking status     Current medication is & list of prior medications tried and failed (with dates)   Alpha – antitypion levels, FEV1 score, & smoking status     Current medication is & list of prior medications indicated to maintain line Lab Orders: Nucre to provide assessment, teaching, lab daws, medication administration and vascular access device insertion and/or management per physician orders.     Nurse Orders: Nucre to provide assessment, teaching, lab daws, medication administration and vascular access device insertion and/or management per physician orders.     Nurse Orders:   Nurse Orders: Nucre to provide assessment, teaching, lab daws, medicatin acces: Vistore insertind and/or management per physi	Home Phone:		Cell Phone:		Work Pho	one:		
Allergies:   PROVIDER INFORMATION     Physician Name:   LC.:   DEA #:     Pactice Name:   NPI#:   Address:     Office Contact:   Phone:   Fac     Supervisory Physician (if applicable):   MSC CLINICAL DETAILS     Type of MS:   Primary progressive multiple sclerosis (PPMS)—OR—   Relapsing multiple sclerosis (RMS)     Ambulation status:   Able to ambulate more than 5 meters   Able to ambulate without aid or rest for at least 100 meters     Relapse details:   Two orme relapses within the previous year   PLEASE AT TACH     Patient demographics & from/back copy of all insurance acrds (prescription & medical)   Alpha -1 antitrypsin levels, FLV1 score, & smoking status     Israe acress documentation verification of prior medications tried and failed (with dates)   Line acress documentation verification of management per physician oders.     Hush Orders: Nuce to provide assessment, tasching lab draw, medication and vascular acress device insertion and/or management per physician oders.   NURSING & LAB ORDERS     Nurse Orders: Nuce to provide assessment, tasching lab draw, medication and vascular acress device insertion and/or management per physician oders.   Line acress documentation verification of anglicable     Line chronel   PRESCRIPTION ORDERS   Solu-Medrol 60mg - 125mg IV infusion as needed   Morenorder 25mg IV infusion as needed   Morent 25mg Solum			Height:	Weight:	Male	Female		
PROVIDER INFORMATION       Physician (Kame:     DEA #:       Physician (Kame:     NP#:       Address:     City/State/Zip:       Office Contact:     Phone:       Spervisory Physician (Kapplicable):     Fax:       Supervisory Physician (Kapplicable):     NS CLINICAL DETAILS       Type of MS:     Primary progressive multiple sclerosis (PMS) — OR— Relaping multiple sclerosis (RMS)       Ambulation status:     Able to ambulate more than 5 meters       Relapse details:     Two or more relapses within the previous two years       PLEASE ATTTACH       Please Attribution is a finite sclerosis (PMS)       Patient demographics & front/back copy of all insurance cards (prescription 8 metical)       Recent office visit notes, history & physical, lab b pertinent procedure results       Current medication lists if of prior medications tried and failed (with dates)       Nurse Orders:     Nurse in orders: kitory & physical, and a sneeded       Nurse Orders:     Lab Orders:       URSIGN CALO OPH - 100000000000000000000000000000000000								
Physician Name:   Lic.R:   DEA fr:     Practice Name:   NPIR:     Address:   City/State/Zip:     Office Contact:   Phone:     Supervisory Physican (if applicable):   Fax:     Supervisory Physican (if applicable):   Image: City/State/Zip:     Type of MS:   Primary progressive multiple sclerosis (PMS) — OR — Relapsing multiple sclerosis (RMS)     Ambulation status:   Able to ambulate more than 5 meters   Able to ambulate more than 5 meters     Relapse details:   Two or more relapses within the previous two years   PLEASE ATTACH     Patient demographics & front/back copy of all insurance cards (prescription & medical)   Alpha-1 anttrypsin levels, FIP1 score, & smoking status:     Unres Orders:   Insurance cards (prescription & medical)   Alpha-1 anttrypsin levels, FIP1 score, & smoking status:     Unres Orders:   Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or amangement per physican orders.     Fluib Orders::   NURSING & Solu-order 1250m 5 500mg IV infusion n Sub-Medid of Omg - 125mg IV infusion as needed   Noursel or provide assessment, teaching, lab draws, medication solutions 50 ub-Medend _ medide 0 ther     Pre-Medications:   Acteantinophen _ mg IV infusion so needed   Noursel/Draws Null   Solu-ordet 250mg 500mg IV infusion aredeed   <								
Practice Name:   NPI#:     Address:   Cfty/State/Zip:     Gftee Contact:   Phone:     Supervisory Physician (if applicable):   Fax:     MIS CLINICAL DETAILS     UPERAIDED INTERCIPTION ON DETAILS     PLEASE ATTACH     Nurse to novide assessment, teaching, lab days, medication and vacular access device insertion and/com anagement per physician orders.     Let at the of prior medication stried and failed (with dates)     Lab Date & Frequency:     Lab Date & Frequency:								
Address:   City/State/Zip:     Office Contact:   Phone:   Fax:     Supervisory Physican (if applicable):   MSCLINICAL DETAILS     Type of MS:   Primary progressive multiple sclerosis (PMS)OR   Relapsing multiple sclerosis (RMS)     Ambulation status:   Able to ambulate more than 5 meters   Able to ambulate without ald or rest for at least 100 meters     Relapse details:   Two or more relapses within the previous two year   One relapse: within the previous year     PLEASE ATTACH     Patient demographics & front/back copy of all insurance cards (prescription & medical)   Alpha-1 antitrypsin levels, FEV1 score, & smoking status     Current medication lists list of prior medications tried and failed (with dates)   Letter of medication alcressity if drug dosing or indication is outside of FDA guidelines     VERSENT CRIPTION ORDERS     Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.     Rush Orders:   Lab Date & Frequency:     Detection of the sit find find (with dates)     Letter of medications as needed     Out-Medications:     Detection of maintain line Lab Orders: NUCLOPM-S     Anaphylaxis Kit:   Epirephrine 0.3mg IM as needed   <			Lic.#:					
Office Contact:   Phone:   Fax:     Supervisory Physician (if applicable):   MS CLINICAL DETAILS     Type of MS:   Primary progressive multiple sclerosis (PPMS) — OR—   Relapsing multiple sclerosis (RMS)     Ambulation status:   Able to ambulate more than 5 meters   Able to ambulate without ald or rest for at least 100 meters     Relapse details:   Two or more relapses within the previous years   One relapse within the previous year     Patient demographics & front/back copy of all insurance cards (prescription & medical)   Alpha-1 antitrysin levels, FEV1 score, & smoking status     Une access documentation/verification if applicable   Letter of medical necessity if drug dosing or indication is outside of FDA guidelines     Wurse Orders:   Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication and vascular access device insertion and/or management per physician orders.     Flush Orders:   Nurse Orders:   Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication and vascular access device insertion and/or management per physician orders.     Flush Orders:   Relapsed   Solu-cortef 250mg-500mg VI infusion as needed   Other     Verse Orders:   Relapsed of Solu-cortef 250mg-500mg VI infusion as needed   Other   Other     Lab Otte & Thypointer 0.3mg IM as needed   Solu-cortef 250mg-500mg VI infusion imutes as needed   Other <tr< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>								
Supervisory Physician (f applicable):       MIS CLINICAL DETAILS       Type of MS: Primary progressive multiple sclerosis (PPMS) — OR— Relapsing multiple sclerosis (RMS)       Ambulation status: Able to ambulate more than 5 meters: Able to ambulate through the previous two years       PLEASE ATTACH       Nurse to provide assessment, teaching lab & pertiment procedure results     Line access downer thation/verification if applicable       Letter of medical necessity if drug dosing or indication is outside of FDA guidelines       Nurse or provide assessment, teaching lab draws, medication administration and vascual access device insertion and/or management per physician orders.       Nurse or provide assessment, teaching lab draws, medication administration and vascual access device insertion and/or management per physician orders.       Nurse or provide assessment, teaching lab draws, medication administration and vascual access device insertion and/or management per physician orders.       Nures or provid					City/State/Zip:			
MS CLINICAL DETAILS       Type of MS: Primary progressive multiple sclerosis (PPMS)OR     Relapsing multiple sclerosis (PMS)       Ambulation status: Able to ambulate more than 5 meters     Able to ambulate without aid or rest for at least 100 meters       PLEASE ATTACH       Patient demographics & front/back copy of all insurance cards (prescription & medical) Recent office visit notes, history & physical, lab & pertinent procedure results     Alpha-1 antitrypen levels, FEVI score, & smoking status       Line access documentation list & list of prior medications tried and failed (with dates)     Alpha-1 antitrypen levels, FEVI score, & smoking status       UREASE ATTACH       Patient demographics & front/back copy of all insurance cards (prescription & medicalion scienter scienter)     Alpha-1 antitrypen levels, FEVI score, & smoking status       Unreasoname rest for a telestation list & list of prior medications tried and failed (with dates)     NURSING & LAB ORDERS       NURSE to provide assessment, teaching, lab draws, medication administration and vascular access documentation/verification and or management per physical on orders.       PreExact PTION ORDERS       Anaphylaxis Kit:     Epinephrine 0.3mg IM as needed     SoluCortef 2S0mg-500mg IV infusion as needed     Other       Pre-Medications:     Acetaminophenmg IV infusion as needed <th cols<="" td=""><td></td><td></td><td>Phone:</td><td></td><td>Fax:</td><td></td><td></td></th>	<td></td> <td></td> <td>Phone:</td> <td></td> <td>Fax:</td> <td></td> <td></td>			Phone:		Fax:		
Type of MS:   Primary progressive multiple sclerosis (PPMS)OR   Relapsing multiple sclerosis (RMS)     Ambulation status:   Able to ambulate more than 5 meters   Able to ambulate without all or rest for at least 100 meters     Relapse details:   Two or more relapses within the previous two years   PLEASE ATTACH     Patient demographics & front/back copy of all insurance cards (prescription & medical)   Alpha-1 antitrypsin levels, FEV1 score, & smoking status     Line access documentation/verification if applicable   Letter of medical necessity if drug dosing or indication is outside of FDA guidelines     Nurse Orders:   Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.     Hush Orders:   Nurse TO reduce assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.     Hush Orders:   Nurse TO reduce assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.     Hush Orders:   Nurse TO reduce assessment, teaching, lab a draws, medication administration order 250mg-500mg Vinfusion as needed   Solu-Medrol form - 15mg Vinfusion NS flush if indicated to maintain line Lab Orders:     Lab Orders:   Epirephrine 0.3mg IM as needed   Solu-redet 250mg-500mg Vinfusion as needed   Solu-Medrol								
Ambulation status:   Able to ambulate more than 5 meters   Able to ambulate without aid or rest for at least 100 meters     Relapse details:   Two or more relapses within the previous yoars   One relapse within the previous year     Patient demographics & front/back copy of all insurance cards (prescription & medical)   Alpha-1 antitypsin levels, FV1 score, & smoking status     Line access documentation/verification if applicable   Line access documentation/verification is outside of FDA guidelines     Current medication list & list of prior medications tried and failed (with dates)   NURSING & LAB ORDERS     Nurse Orders:   NURSING & LAB ORDERS     Nurse Orders:   NUING Norders: KaG0.9% - 5-10mL flush pre and post infusion and as needed Heprain - 10units/mL - 0R 10units/mL - 3-5mL flush after post-infusion NS flush if indicated to maintain line Lab Orders:     Lab Orders:   Epinephrine 0.3mg IM as needed   Solu-cortef 250mg-500mg Winfusion as needed   Solu-Medrol 60mg - 125mg IV infusion as needed     (Check all that apply)   Diphenhydraminemg IV infusion as needed   NS Hydration 500ml IV infusion	MS CLINICAL DETAILS							
Relapse details: Two or more relapses within the previous year     PLEASE ATTACH     PLEASE ATTACH     Patient demographics & front/back copy of all insurance cards (prescription & medical) Recent office visit notes, history & physical, lab & pertinent procedure results Current medication is a pertinent procedure results Current medication is a pertinent procedure results Current medication is lab list of prior medications tried and failed (with dates)   Alpha-1 antitrypoin levels, FEV1 score, & smoking status Line access documentation/verification if applicable Letter of medication is outside of FDA guidelines     Warse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.     Hurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.     Hurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.     Hurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.     Hurse Orders: Nurse Orders: Solut-Order 0 Mill Infusion os a needed   Solut-order 0 Mills infusion as needed   Solut-Medrol 60mg - 125mg IV infusion as needed     Chere-Medication								
PLEASE ATTACH     Patient demographics & front/back copy of all insurance cards (prescription & medical) Recent office visit notes, history & physical, lab & pertinent procedure results Current medication list & list of prior medications tried and failed (with dates)   Alpha-1 antitrypsin levels, FEV1 score, & smoking status Line access documentation/verification if applicable Letter of medical necessity if drug dosing or indication is outside of FDA guidelines     NURSING & LAB ORDERS     Nurse or provide assessment, teaching, lab draws, medication and mainistration and vascular access device insertion and/or management per physician orders. Hush Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Hush Orders:     PRESCRIPTION ORDERS     Anaphylaxis Kit: Epinephrine 0.3mg IM as needed C(Check all that apply)   Solu-Medrol 60mg - 125mg IV infusion as needed NS Hydration 500 ml IV infusion as needed Other   Solu-Medrol 60mg - 125mg IV infusion as needed Other     Pre-Medications: Acctaminophenmg Nominutes prior to infusion C(Check all that apply)   Diphenhydraminemg as needed POOR   Vi infusionminutes prior to infusion Other     Supply Orders: All supplies for vascular acces in care, drug administration kit(s), pump, and IV pole will be provided as necesary   PRESCRIPTION INFORMATION PRESCRIPTION INFORMATION   REFILLS     Is this a first dose?   Yes   No If No, when was last dose given?								
Patient demographics & front/back copy of all insurance cards (prescription & medical)   Alpha-1 antitrypsin levels, FEV1 score, & smoking status     Recent office visit notes, history & physical, lab & pertinent procedure results   Liter of medical necessity if drug dosing or indication is outside of FDA guidelines     Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.     Hush Orders: NarG0.9% - 5-10mL flush pre and post infusion and as needed   Heparin - 100units/mL0R 100units/mL3-5mL flush after post-infusion NS flush if indicated to maintain line Lab Date & Frequency:     PreSCRIPTION ORDERS     Anaphylaxis Kit:   Epinephrine 0.3mg IM as needed   Solu-cortef 250mg-500mg IV infusion are needed   Solu-Medrol	Relapse details:	wo or more relapses within the previous two yآwo or more relapses	ears One relapse v	within the previous year				
Recent office visit notes, history & physical, lab & pertinent procedure results Current medication lis & list of prior medications tried and failed (with dates)   Line access documentation/verification if applicable Letter of medical necessity if drug dosing or indication is outside of FDA guidelines     NURSING & LAB ORDERS     NURSING & LAB ORDERS     Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascudar access dovice insertion and/or management per physician orders.     Flush Orders: Nacl0.9% - 5-10mL flush pre and post infusion and as needed Heparin - 10units/mL0R 100units/mL -3-5mL flush after post-infusion NS flush if indicated to maintain line Lab Orders:     PRESCRIPTION ORDERS     Anaphylaxis Kit: Epinephrine 0.3mg IM as needed C(heck all that apply)   SoluCortef 250mg-500mg IV infusion as needed NS Hydration 500 ml IV infusion over 30 minutes as needed NS Hydration 500 ml IV infusion over 30 minutes prior to infusion C(heck all that apply)   Solu-Medrol G0mg - 125mg IV infusion as needed NS Hydration 500 ml IV infusionminutes prior to infusion   Other     Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary     PRODUCT   PRESCRIPTION INFORMATION     REFILLS     ARALAST   60mg/kg IV infusion via gravityOR   pum weekly over approximately 15 minutes "Administer at a rate not to exceed 0.2 mL/kg bod			PI	LEASE ATTACH				
Recent office visit notes, history & physical, lab & pertinent procedure results Current medication lis & list of prior medications tried and failed (with dates)   Line access documentation/verification if applicable Letter of medical necessity if drug dosing or indication is outside of FDA guidelines     NURSING & LAB ORDERS     NURSING & LAB ORDERS     Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascudar access documentation/verification and/or management per physician orders.     Hush Orders:     NURSING & LAB ORDERS     Anaphylaxis Kit: Lab Orders:     PRESCRIPTION ORDERS     Anaphylaxis Kit: Epinephrine 0.3mg IM as needed   Solu-cortef 250mg-500mg IV infusion as needed   Solu-Medrol 60mg - 125mg IV infusion as needed     Office visit notes, history & physical, lab & graving mg IV infusion as needed   NS Hydration 500 ml IV infusion over 30 minutes as needed   Other     Pre-Medications: (Check all that apply)   Diphenhydramine mg RP minutes prior to infusion   Other     Stang Orgers: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary     PRODUCT   PRESCRIPTION INFORMATION     ARALAST   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 mi	Patient demograph	ics & front/back copy of all insurance cards (pre	scription & medical)	Alpha-1 antitrypsin le	vels, FEV1 score, & smoking s	status		
Current medication list & list of prior medications tried and failed (with dates)   Letter of medical necessity if drug dosing or indication is outside of FDA guidelines     NURSING & LAB ORDERS     Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.     Flush Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.     Flush Orders:   PRESCRIPTION ORDERS     Anaphylaxis Kit:   Epinephrine 0.3mg IM as needed   Solu-cortef 250mg-500mg IV infusion as needed   Solu-Medrol 60mg - 125mg IV infusion as needed     Pre-Medications:   Acetaminophen   mg P0   minutes prior to infusion   Other     Pre-Medications:   Acetaminophen   mg as needed   P0   minutes prior to infusion   Other     Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary   PRESCRIPTION INFORMATION   REFILLS     ARALAST   60mg/kg IV infusion via   gravityOR   pump weekly over approximately 15 minutes   minutes afor a vial lot/batch     GLASSIA   60mg/kg IV infusion via   gravityOR   pump weekly over approximately 15 minutes   minutes     ARALAST <th co<="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th>	<td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
NURSING & LAB ORDERS     Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.     Flush Orders: NaCl 0.9% - 5-10mL flush pre and post infusion and as needed Heparin - 10units/mLOR 100units/mL3-5mL flush after post-infusion NS flush if indicated to maintain line Lab Orders:     Lab Orders:     PRESCRIPTION ORDERS     Anaphylaxis Kit: Epinephrine 0.3mg IM as needed Solu-cortef 250mg-500mg IV infusion as needed 0ther     Pre-Medications: Acetaminophenmg IV infusion as needed NS Hydration 500 ml IV infusion ower 30 minutes as needed 0ther     Pre-Medications: Acetaminophenmg PO minutes prior to infusion Solu-Medrolmg IV infusionminutes prior to infusion 0ther     Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary   PRESCRIPTION INFORMATION   REFILLS     ARALAST   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes   when is patient due for next dose?				Letter of medical nece	ssity if drug dosing or indica	tion is outside of FDA guidelines		
Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.     Flush Orders: NaCl 0.9% - 5-10mL flush pre and post infusion and as needed Heparin - 10units/mLOR 100units/mL -3-5mL flush after post-infusion NS flush if indicated to maintain line Lab Date & Frequency:     PRESCRIPTION ORDERS     Anaphylaxis Kit:   Epinephrine 0.3mg IM as needed   Solu-cortef 250mg-500mg IV infusion as needed   Other     Pre-Medications:   Accetaminophenmg IV infusion as needed   NS Hydration 500 ml IV infusion over 30 minutes as needed   Other     Pre-Medications:   Accetaminophenmg IV infusion as needed   NS Hydration 500 ml IV infusion over 30 minutes as needed   Other     Pre-Medications:   Accetaminophenmg IV infusion as needed   NS Hydration 500 ml IV infusion over 30 minutes as needed   Other     Otherminutes prior to infusion   Other     Otherminutes prior to infusion   Other     Solu-Corte /Minutes prior to infusion   Other     Other /Minutes prior to infusion   Other     Solu			NURSI			-		
Flush Orders: NaCl 0.9% - 5-10mL flush pre and post infusion and as needed Heparin - 10units/mLOR 100units/mL -3-5mL flush after post-infusion NS flush if indicated to maintain line Lab Date & Frequency:     PRESCRIPTION ORDERS     Anaphylaxis Kit:   Epinephrine 0.3mg IM as needed   Solu-cortef 250mg-500mg IV infusion as needed   Solu-Medrol 60mg - 125mg IV infusion as needed     Pre-Medications:   Acetaminophenmg P0minutes prior to infusion   Solu-Medrol 60mg - 125mg IV infusion as needed   Other     Supply Orders:   Acetaminophenmg P0minutes prior to infusion   Solu-Medrolmg IV infusion   Medrol ()   minutes prior to infusion   Other     Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary   PRODUCT   PRESCRIPTION INFORMATION   REFILLS     Is this a first dose?   Yes   No   If No, when was last dose given?When is patient due for next dose?      ARALAST   60mg/kg IV infusion via   gravityOR   pump weekly over approximately 15 minutes      "Administer at a rate not to exceed 0.2 mL/kg body weight per minute **Acceptable allotment +/- 10% based on vial lot/batch	Nurse Orders: Nurse t	o provide assessment teaching lab draws me				ner nhysician orders		
Lab Date & Frequency:     PRESCRIPTION ORDERS     Anaphylaxis Kit:   Epinephrine 0.3mg IM as needed   Solu-cortef 250mg-500mg IV infusion as needed   Solu-Medrol 60mg - 125mg IV infusion as needed     (Check all that apply)   Diphenhydraminemg IV infusion as needed   NS Hydration 500 ml IV infusion over 30 minutes as needed   Other     Pre-Medications:   Acetaminophenmg P0minutes prior to infusion   Solu-Medrolmg IV infusionminutes prior to infusion   Other     Supply Orders: All supply   Diphenhydraminemg as needed   P0OR   IV infusionminutes prior to infusion   Other     Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary   PRESCRIPTION INFORMATION   REFILLS     ARALAST   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes   Minutes **Acceptable allotment +/- 10% based on vial lot/batch   Gildstach     GluASSIA   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes   **Acceptable allotment +/- 10% based on vial lot/batch   Gult							to maintain line	
PRESCRIPTION ORDERS     Anaphylaxis Kit:   Epinephrine 0.3mg IM as needed   Solu-cortef 250mg-500mg IV infusion as needed   Solu-Medrol 60mg - 125mg IV infusion as needed     Open-Medications:   Acetaminophenmg P0minutes prior to infusion   Solu-Medrolmg IV infusion as needed   Solu-Medrolmg IV infusionminutes prior to infusion     Other   Diphenhydraminemg P0minutes prior to infusion   Solu-Medrolmg IV infusionminutes prior to infusion   Other     Supply Orders:   Acetaminophenmg as needed   P0OR   IV infusionminutes prior to infusion   Other     Supply Orders:   All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary   PRESCRIPTION INFORMATION   REFILLS     Is this a first dose?   Yes   No   If No, when was last dose given?When is patient due for next dose?   Men is patient due for next dose?     ARALAST   60mg/kg IV infusion via   gravityOR   pump weekly over approximately 15 minutes   */// Administer at a rate not to exceed 0.2 mL/kg body weight per minute **Acceptable allotment +/- 10% based on vial lot/batch   GLASSIA		of a second distribution and as	needed nepunn-			post-infusion no nusirin infutateu	to maintain line	
Anaphylaxis Kit:   Epinephrine 0.3mg IM as needed   Solu-cortef 250mg-500mg IV infusion as needed   Solu-Medrol 60mg - 125mg IV infusion as needed     (Check all that apply)   Diphenhydraminemg IV infusion as needed   NS Hydration 500 ml IV infusion over 30 minutes as needed   Other     Pre-Medications:   Acetaminophenmg P0minutes prior to infusion   Solu-Medrolmg IV infusionminutes prior to infusion   Other     Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary   PRESCRIPTION INFORMATION   REFILLS     Is this a first dose?   Yes   No If No, when was last dose given? When is patient due for next dose?   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes **Acceptable allotment +/- 10% based on vial lot/batch   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes **Acceptable allotment +/- 10% based on vial lot/batch   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes **Acceptable allotment +/- 10% based on vial lot/batch   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes **Acceptable allotment +/- 10% based on vial lot/batch   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes **Acceptable allotment +/- 10% based on vial lot/batch   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes **Acceptable allotment +/- 10% based on vial lot/batch   60mg/kg IV infusion via gravityOR pump weekly over			DDESC		· · ·			
(Check all that apply)   Diphenhydraminemg IV infusion as needed NS Hydration 500 ml IV infusion over 30 minutes as needed Other     Pre-Medications:   Acetaminophenmg POminutes prior to infusion Solu-Medrolmg IV infusionminutes prior to infusion (Check all that apply)   Diphenhydraminemg as needed POOR IV infusionminutes prior to infusion Other     Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary   REFILLS     Is this a first dose?   Yes   No If No, when was last dose given? When is patient due for next dose?     ARALAST   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes *Acceptable allotment +/- 10% based on vial lot/batch   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes *Acceptable allotment +/- 10% based on vial lot/batch								
Pre-Medications:   Acetaminophenmg POminutes prior to infusion   Solu-Medrolmg IV infusionminutes prior to infusion   Other     Supply Orders:   Diphenhydraminemg as needed   POOR   IV infusionminutes prior to infusion   Other     Supply Orders:   All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary   PRESCRIPTION INFORMATION   REFILLS     Is this a first dose?   Yes   No   If No, when was last dose given?When is patient due for next dose?     ARALAST   60mg/kg IV infusion via gravityOR   pump weekly over approximately 15 minutes     GLASSIA   60mg/kg IV infusion via gravityOR   pump weekly over approximately 15 minutes     *Administer at a rate not to exceed 0.2 mL/kg body weight per minute **Acceptable allotment +/- 10% based on vial lot/batch   Image: Administer at a rate not to exceed 0.2 mL/kg body weight per minute **Acceptable allotment +/- 10% based on vial lot/batch							/ infusion as needed	
(Check all that apply)   Diphenhydramine mg as needed   POOR   IV infusionminutes prior to infusion   Other     Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary   PRODUCT   PRESCRIPTION INFORMATION   REFILLS     Is this a first dose?   Yes   No If No, when was last dose given? When is patient due for next dose?   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes *Acceptable allotment +/- 10% based on vial lot/batch   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes *Acceptable allotment +/- 10% based on vial lot/batch   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes *Acceptable allotment +/- 10% based on vial lot/batch   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes *Acceptable allotment +/- 10% based on vial lot/batch   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes *Acceptable allotment +/- 10% based on vial lot/batch   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes *Acceptable allotment +/- 10% based on vial lot/batch   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes *Acceptable allotment +/- 10% based on vial lot/batch   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes *Acceptable allotment +/- 10% based on vial lot/batch   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes *Acceptable allotment +/- 10% based on vial lot/batch   60mg/kg IV infusion Via gr	(Check all that apply)	Diphenhydramine mg IV infusi	on as needed NS	5 Hydration 500 ml IV infusion of	over 30 minutes as needed	Other		
Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary     PRODUCT   PRESCRIPTION INFORMATION   REFILLS     Is this a first dose?   Yes   No   If No, when was last dose given?   When is patient due for next dose?     ARALAST   60mg/kg IV infusion via   gravityOR   pump weekly over approximately 15 minutes     *Administer at a rate not to exceed 0.2 mL/kg body weight per minute **Acceptable allotment +/- 10% based on vial lot/batch   60mg/kg IV infusion via   gravityOR     GLASSIA   60mg/kg IV infusion via   gravityOR   pump weekly over approximately 15 minutes   4////////////////////////////////////	Pre-Medications:	Acetaminophenmg PO	minutes prior to i	nfusion Solu-Medrol	mg IV infusion	minutes prior to infusion		
PRODUCT   PRESCRIPTION INFORMATION   REFILLS     Is this a first dose?   Yes   No   If No, when was last dose given? When is patient due for next dose?     ARALAST   60mg/kg IV infusion via   gravityOR   pump weekly over approximately 15 minutes     ARALAST   60mg/kg IV infusion via   gravityOR   pump weekly over approximately 15 minutes     GLASSIA   60mg/kg IV infusion via   gravityOR   pump weekly over approximately 15 minutes     *Administer at a rate not to exceed 0.2 mL/kg body weight per minute **Acceptable allotment +/- 10% based on vial lot/batch   4dminister at a rate not to exceed 0.2 mL/kg body weight per minute **Acceptable allotment +/- 10% based on vial lot/batch	(Check all that apply)	Diphenhydramine mg as need	ed	PO <b>0R</b>	IV infusionminutes	prior to infusion	Other	
PRODUCT   PRESCRIPTION INFORMATION   REFILLS     Is this a first dose?   Yes   No   If No, when was last dose given? When is patient due for next dose?     ARALAST   60mg/kg IV infusion via   gravityOR   pump weekly over approximately 15 minutes     ARALAST   60mg/kg IV infusion via   gravityOR   pump weekly over approximately 15 minutes     GLASSIA   60mg/kg IV infusion via   gravityOR   pump weekly over approximately 15 minutes     *Administer at a rate not to exceed 0.2 mL/kg body weight per minute **Acceptable allotment +/- 10% based on vial lot/batch   4dminister at a rate not to exceed 0.2 mL/kg body weight per minute **Acceptable allotment +/- 10% based on vial lot/batch	Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary							
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ARALAST   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes     *Administer at a rate not to exceed 0.2 mL/kg body weight per minute **Acceptable allotment +/- 10% based on vial lot/batch     GLASSIA   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes     *Administer at a rate not to exceed 0.2 mL/kg body weight per minute **Acceptable allotment +/- 10% based on vial lot/batch								
ARALAST   *Administer at a rate not to exceed 0.2 mL/kg body weight per minute **Acceptable allotment +/- 10% based on vial lot/batch     GLASSIA   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes *Administer at a rate not to exceed 0.2 mL/kg body weight per minute **Acceptable allotment +/- 10% based on vial lot/batch		-					1	
*Administer at a rate not to exceed 0.2 mL/kg body weight per minute **Acceptable allotment +/- 10% based on vial lot/batch     GLASSIA   60mg/kg IV infusion via gravityOR pump weekly over approximately 15 minutes *Acceptable allotment +/- 10% based on vial lot/batch     *Administer at a rate not to exceed 0.2 mL/kg body weight per minute **Acceptable allotment +/- 10% based on vial lot/batch	ARALAST	55,57,						
GLASSIA *Administer at a rate not to exceed 0.2 mL/kg body weight per minute **Acceptable allotment +/- 10% based on vial lot/batch		*Administer at a rate not to exceed 0.2 mL/kg	body weight per minut	te **Acceptable allotment +/- 1	0% based on vial lot/batch			
GLASSIA *Administer at a rate not to exceed 0.2 mL/kg body weight per minute **Acceptable allotment +/- 10% based on vial lot/batch	<i>c</i> , <i>i</i> , <i>c</i> , <i>c</i> , <i>i</i> , <i>c</i>	60mg/kg IV infusion via gravity OR	pump weekly ove	er approximately 15 minutes				
	GLASSIA	*Administer at a rate not to exceed 0.2 mL/ka			0% based on vial lot/batch			
			, <u>, , , , , , , , , , , , , , , , , , </u>				NONE	
OTHER	OTHER						INUINE	
	surance companies.							
By signing this form and utilizing our services, you are authorizing Amerita, Inc. to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.								

Prescriber's Signature Dispense as Written Print Name

Date

Prescriber's Signature Substitution Permitted Print Name



Date