

Alpha1-Proteinase Inhibitors, Human

Provider Order Form rev. 5/20/2022



www.aleracare.com
ph: 888-209-8874 fax: 833-329-4738

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: _____

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

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)

Provider Name (Print)

Provider Signature

Date

Check here if this is a stat order