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							
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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		
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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 0R	IV infusionminutes	prior to infusion	Other	
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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