



**Prestige Infusions**  
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# CINRYZE

(C1 esterase inhibitor)

Patient Name  
 Phone

DOB  
 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

Solu-Medrol 125mg IVP  
 Solu-Cortef 100mg IVP  
 Diphenhydramine 25mg IVP

*(other)*

*(other)*

**CINRYZE ORDERS**

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

**NOTES**

**ORDERING PROVIDER**

Signature  X  Date

Provider Phone Fax