

ALPHA₁ THERAPY REFERRAL FORM

Phone: 256-415-6542 Fax: 256-415-6415



Patient Information			PLEASE FAX INSURANCE CARD (FRONT AND BACK)			Prescriber Information				
Last Name		First Name		DOB		Practice/Facility Name				
Address						Address				
City		State		ZIP		City		State	ZIP	
Phone			SSN			Prescriber Name				
Allergies						Latex Allergy <input type="checkbox"/> Yes <input type="checkbox"/> No				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight (kg)		Height (ft,in)		Prescriber NPI			Nurse/Key Contact		Phone/Pager
Insurance Plan			Plan ID #			Fax		Email		

Diagnosis and Clinical Information	
Diagnosis (ICD-10): E88.01 (Congenital Emphysema) Alpha1-Antitrypsin Deficiency Other Code: _____ Description: _____	
Patient Clinical Information:	
Allergies: _____	Needs by Date: _____ Ship to Patient Office Other: _____
FEV1: _____ % predicted	Lab Orders: _____
Serum A1AT levels (pretreatment) _____ md/dl or _____ microM	Nursing: Please arrange nursing administration Patient may be taught to self-infuse
Does the patient display clinically evident emphysema? Yes No	

Prescription Information				
Medication	Dose and Directions	Quantity	Refills	
Aralast®	60mg/kg via IV infusion once every week other _____ _____ mg/kg via IV infusion once every week other _____	4 week supply 12 week supply	1 year _____	
Glassia®	60mg/kg via IV infusion once every week other _____ _____ mg/kg via IV infusion once every week other _____	4 week supply 12 week supply	1 year _____	
Epinephrine® IM SQ	Adult 1:1000, 0.3mL (>30kg/>66lbs) Peds 1:2000, 0.3mL (15-30kg/33-66lbs)	PRN Anaphylaxis Repeating Dose: _____	Once _____	1 year _____
Normal Saline D5W	3mL 5mL Other _____	IV before and after infusion _____	1 month 3 months _____	1 year _____
Heparin 10 units/mL Heparin 100 units/mL	3mL 5mL Other _____	IV before and after infusion _____	1 month 3 months _____	1 year _____
Other: _____				
Vascular Access Method:	peripheral central other: _____			

PREScriBER MUST MANUALLY SIGN - STAMP SIGNATURE, SIGNATURE BY OTHER PERSONNEL AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED

PRODUCT SUBSTITUTION PERMITTED/Brand exchange permitted (date) DISPENSE AS WRITTEN/Do Not Substitute (date)

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