

Prolastin-C® (alpha-proteinase inhibitor) Referral Form



Preferred Clinic (select one):

PATIENT INFORMATION

New Referral

Updated Referral

Referral Renewal

| | | | |
|-------------------------|---------------------|----------------------|--------------------|
| DOB: | Patient Name: | Patient Phone: | |
| Patient Address: | | Patient Email: | |
| NKDA Allergies: | | Weight (lbs/kg): | Height: |
| ICD-10 Code (required): | ICD-10 Description: | Last Treatment Date: | Last 4 Digits SSN: |

PROVIDER INFORMATION

| | | | |
|--|--------|-----------------------------|------------------|
| Referral Coordinator Name: | | Referral Coordinator Email: | |
| Ordering Provider: | | Provider NPI: | |
| Referring Practice Name: | | Phone: | Fax: |
| Practice Address: | | City: | State: Zip Code: |
| Physician Preferred Method of Contact: | Email: | Fax: | Phone: |

STANDING ORDERS

Infusion to be administered per Vivo protocols.

LABORATORY ORDERS

CBC w/ diff every _____
CMP every _____
OTHER _____

PREMEDICATIONS

acetaminophen (Tylenol) 500mg 650mg 1000mg PO
cetirizine (Zyrtec) 10mg PO
loratadine (Claritin) 10mg PO
diphenhydramine (Benadryl) 25mg 50mg PO IV
methylprednisolone (Solu-Medrol) 40mg 125mg IV
hydrocortisone (Solu-Cortef) 100mg IV
Other: _____
Dose: _____ Route: _____

PROLASTIN-C ADMINISTRATION

60 mg/kg body weight intravenously once per week (+/- 10%)

Post infusion line flush with 20mL NS

REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Medication List and H&P

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions.

Provider Name (Print) Provider Signature Date

Email Referrals To: referrals@vivoinfusion.com OR Fax Below

Have a Question? Call (720) 902-4111

| | | | | |
|---------------------------|-----------------------------|--------------------------|----------------------------|-------------------------|
| Colorado: 303-418-4679 | Massachusetts: 781-202-1629 | New Jersey: 609-955-3711 | Oklahoma: 918-770-4421 | Virginia: 804-500-5941 |
| Connecticut: 203-724-4838 | Michigan: 833-957-2188 | New York: 800-540-1852 | Pennsylvania: 215-399-9244 | Wisconsin: 414-600-5383 |
| Florida: 904-930-4211 | Minnesota: 763-290-0903 | Ohio: 216-400-0674 | Texas: 469-340-0044 | |

Order is valid for one year unless otherwise noted.

Revision Date 01/2026