

D@ GA=BC; 9B'fMD@N=AαL'CF89FG

: CF'EI 9GH=CBGZ75 @@%, \$\$" & ' " , ' & "" p "" Fax all pages to (855) 270-7347

Patient Information

Order Date:	Requested Start of Care Date:	Date of birth:
Patient name:	Height:	Weight: lb / kg
Address:	City:	State: Zip:
Allergies:		
IV Access: <input type="radio"/> Peripheral <input type="radio"/> Port <input type="radio"/> Other: _____	Primary diagnosis: E88.02 Plasminogen Deficiency	Secondary diagnosis: <input type="checkbox"/> H10.511 Ligneous conjunctivitis, right eye <input type="checkbox"/> H10.512 Ligneous conjunctivitis, left eye <input type="checkbox"/> H10.513 Ligneous conjunctivitis, both eyes <input type="checkbox"/> H10.519 Ligneous conjunctivitis, unspecified eye Other: _____

Ryplazim® (plasminogen, human-tvmh) (dispense quantity sufficient for month supply unless otherwise noted)

Recommended dose: Ryplazim® 6.6 mg/kg IV every 2 to 4 days

Ryplazim® (plasminogen, human- tvmh) 68.8 mg vial

Reconstitute each vial with 12.5 mL Sterile Water for Injection for final concentration of 5.5 mg/mL

Brand	Dose (mg)	Route	Directions (frequency) for use	Doses to Dispense
Ryplazim®	_____ mg	IV	<input type="checkbox"/> every 2 days <input type="checkbox"/> every 3 days <input type="checkbox"/> every 4 days <input type="checkbox"/> every _____ days	

- Refill _____ months (Unless noted, prescriptions will be valid 1 year from date signed).

Other Drug Orders (dispense quantity sufficient for month supply unless otherwise noted)

- Sterile Water for Injection 20 mL vial (or other available size): Use as directed to reconstitute Ryplazim®. Dispense 1 month supply. Refill for same period as Ryplazim®.
- Lidocaine/prilocaine 2.5%/2.5% cream 30 gm (or other available size): Apply topically 60 min. pre-needle insertion prn discomfort. Dispense 1 month supply. Refill for same period as Ryplazim®. Decline

Other Orders (Dispense quantity sufficient)

Ancillary supplies as necessary to administer Ryplazim® and other medications, including equipment, devices and disposables.

Nursing needed: Nurse to administer medications per physician orders. If IV route: nurse to obtain IV access via placement of peripheral IV catheter or butterfly needle and instruct patient or caregiver IV access. If peripheral IV, may leave in place up to 5 days as long as no erythema or edema.

Physician Information

Signature:	Name:
	NPI#:
	Address:
Date:	Phone: Fax:

Fax all pages of this referral to our secure fax at (855) 270-7347

For any questions, please contact Nufactor at (800) 323-6832