N	EPHROLO	GY	New PrescriptionPrescription Refi		# of Refills:
RX: Patient	: Name:			DO	<u>B</u> :
 600mg IV i 900mg IV i 	ulizumab): nal nocturnal hemog infusion Qweek for th infusion as a fifth dos infusion Q 2weeks.	he 1st 4 weeks, then	 *atypical hemolytic u 900mg IV infusion Qv 1200mg IV infusion as 1200mg IV infusion Q 	veek for the 1st a fifth dose 1	4 weeks, then
For other ora	lers, please enter h	iere:			
Solumedro	-	Tylenol	mg PO Benadr 975mg 50r	ng 🖸 IV	ANA Kit Protocol:
Solumedro Solu-Cortef Others:	-		mg PO 🛛 🗖 25r	ng 🔲 IV ng 💭 PO	OK to use
Solumedro Solu-Cortef Others:	-		mg PO	ng 🔲 IV ng 💭 PO	OK to use
Solumedro Solu-Cortef Others:	-		mg PO 🛛 🗖 25r	ng 🔲 IV ng 💭 PO	OK to use
Solumedro Solu-Cortef Others:	f 100mg IVP	650mg	mg PO25r975mg50r	ng IV ng PO OTHERS (Dx Date:	+ ICD Code 10): (Valid for 1 year)
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Solu-Cortef Others: OX: Physician Sign affixing my sign sponsibility for t formation conce thorization for t HYSICIAN IN Abdallah Alali, Neda Hashemi, David Makil, M For other prov	f 100mg IVP nature nature, I confirm the the patient's care. I h erning this treatment the patient. IFORMATION , MD(#1508248337) , MD(#1508248337) , MD(#1679554174) viders, please print t	medical necessity of the name here:	mg PO25r50r	ng IV ng PO OTHERS (Dx - Date: products, and letails and any nsurance comp () CLINIC: HY HY	OK to use O