

Demographic Information:

Patient Last Name _____

Patient First Name _____ Date of Birth _____

Home Address _____

City, State, Zip _____

Home Phone _____ Mobile or Work Phone _____

Primary Insurance Name _____

Primary Insurance ID _____ Primary Insurance Group _____

Insured Name _____ Insured Date of Birth _____

Secondary Insurance Name _____ Insurance ID _____ Insurance Group _____

Secondary Insurance ID _____ Secondary Insurance Group _____

Ordering Physician's Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

NPI _____

Please fax the following information:

History and Physical Pertinent Lab Work

Front & Back copy(s) of patient's insurance card(s)

Physician Signature: _____

Date: _____

Prescription:

Intravenous Immunoglobulin
 0.4 gm/kg 1gm/kg 2gm/kg _____ grams

Infuse: IV daily x _____ day(s); repeat every _____ week(s) x _____ cycles
 Other: _____

Subcutaneous Immunoglobulin
 Infuse _____ grams OR _____ mls using _____ sites _____ time(s) per week for _____ months.
 Hydration order: _____ mls NS iv to be infused prior/concurrently with IVIG.

Pre-medications: Acetaminophen 650mg PO 30 mins prior to infusion
 Diphendhydramine 25mg PO 30 mins prior to infusion

Other: _____
 Other Pre-medications: _____

Clinical Information:

Patient Weight: _____ Height: _____ Allergies: _____

IV access [for IVIg patients only]: _____ Nurse to place PIV prior to therapy

| Diagnosis | ICD-9 | ICD-10 |
|---|--------|--------|
| Neuromuscular: | | |
| <input type="checkbox"/> Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) | 357.81 | G61.81 |
| <input type="checkbox"/> Guillain-Barre Syndrome (GBS) | 357 | G61.0 |
| <input type="checkbox"/> Multiple Sclerosis (MS) | 340.0 | G35 |
| <input type="checkbox"/> Myasthenia Gravis with (Acute) Exacerbation | 358.01 | G70.01 |
| <input type="checkbox"/> Myasthenia Gravis (MG) | 358.00 | G70.0 |
| <input type="checkbox"/> Polymyositis, Organ Involvement Unspecified | 710.4 | M33.20 |
| <input type="checkbox"/> Dermatopolymyositis & Organ Involvement Unspecified | 710.3 | M33.90 |
| <input type="checkbox"/> Stiff Person Syndrome | 333.91 | G25.82 |
| Other: | | |
| <input type="checkbox"/> BMT | V42.81 | Z94.81 |
| <input type="checkbox"/> Lymphoid Leukemia | 204.10 | C91.10 |
| <input type="checkbox"/> Multiple Myeloma | 203.00 | C90.0 |
| <input type="checkbox"/> Plasma Cell Leukemia | 203.10 | C90.1 |
| <input type="checkbox"/> Thrombocytopenia | 287.50 | D69.6 |
| <input type="checkbox"/> Prophylactic Immunotherapy | V07.20 | Z41.8 |
| <input type="checkbox"/> Other Peripheral Neuropathy | 356.80 | G62.9 |
| <input type="checkbox"/> Other: | | |

| Diagnosis | ICD-9 | ICD-10 |
|--|--------|--------|
| Immune Deficiency: | | |
| <input type="checkbox"/> CVID w/ Predominant Immunoregulatory T-Cell Disorders | 279.10 | D83.1 |
| <input type="checkbox"/> Combined Immunodeficiency, Unspecified | 279.2 | D81.9 |
| <input type="checkbox"/> SCID with Low T- and B- Cell Numbers | 279.2 | D81.1 |
| <input type="checkbox"/> SCID with Low or Normal B-Cell Numbers | 279.2 | D81.2 |
| <input type="checkbox"/> Other combined Immunodeficiencies | 279.2 | D81.89 |
| <input type="checkbox"/> Nonfamilial Hypogammaglobulinemia | 279.0 | D80.1 |
| <input type="checkbox"/> Selective deficiency of IgA | 279.01 | D80.2 |
| <input type="checkbox"/> Selective deficiency of IgM | 279.02 | D80.4 |
| <input type="checkbox"/> Selective deficiency of IgG Subclasses | 279.03 | D80.3 |
| <input type="checkbox"/> Hereditary Hypogammaglobulinemia | 279.04 | D80.0 |
| <input type="checkbox"/> Immunodeficiency with Increased IgM | 279.05 | D80.5 |
| <input type="checkbox"/> Other Common Variable Immunodeficiencies | 279.06 | D83.8 |
| <input type="checkbox"/> Common Variable Immunodeficiency, Unspecified | 279.06 | D83.9 |
| <input type="checkbox"/> Epidermolysis Bullosa | 757.39 | Q81.9 |
| <input type="checkbox"/> Kawasaki's syndrome | 446.10 | M30.3 |
| <input type="checkbox"/> Pemphigoid | 694.5 | L12.0 |
| <input type="checkbox"/> Pemphigus | 694.40 | L10.9 |
| <input type="checkbox"/> Systemic lupus erythematosus (SLE) | 710.00 | M32.9 |

Please Draw:

CBC/diff CMP IgG w/ subclasses 1-4 Quant. Ig

_____ _____ Frequency: _____

PER Anaphylaxis Protocol:

Adult - EpiPen 0.3 auto-injector dual pack
 Pediatric - EpiPen 0.15 auto-injector dual pack
 Administer intramuscularly in the event of ADR
 [May repeat x 1. Order is valid for 1 year]. **Use generic if applicable**

Notes:

If applicable, flush intravenous access device per KabaFusion protocol:

| Access | NS | Heparin 100 u/ml |
|-----------------------------------|--|---|
| Peripheral | 1-3ml before/after use | 10u/ml 1-2mls after last NS flush |
| Midline, central (non-port), PICC | NS 5-10 mls before/after use; 10mls after blood draw | 10 u/ml 3-5mls after last NS flush; 5mls after blood draw |
| Implanted Port | 5-10mls before/after use; 20mls after blood draw | 100 u/ml 5mls after last NS flush; 5mls after blood draw |
| Tunneled | 5-10mls before/after use; 20mls after blood draw | 10 u/ml 3- mls after last NS flush. 5mls after blood draw |
| Groshong PICC, Midline | 5-10mls before/after use; 10mls after blood draw | NO Heparin needed |