KabaFusion
Patient-Focused Infusion Therapy
223 Witmer Rd. Horsham, PA. 19044
OFFICE: 877.629.4844 | FAX: 215.376.6939

Immunoglobulin Prescription Form

Please fax completed order form to 215.376.6939

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: _____

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

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

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