

Demographic Information:

Patient 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: _____

Hydration order: _____ mls NS iv to be infused prior/post IVIG.

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

Subcutaneous Immunoglobulin

Infuse _____ grams OR _____ mls

using _____ sites _____ time(s) per week

for _____ months.

Clinical Information:

Patient Weight: _____ Height: _____ Allergies: _____

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

Diagnosis	ICD-10	Diagnosis	ICD-10
Neuromuscular:		Immune Deficiency:	
<input type="checkbox"/> Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	G61.81	<input type="checkbox"/> CVID w/ Predominant Immunoregulatory T-Cell Disorders	D83.1
<input type="checkbox"/> Dermatopolymyositis	M33.90	<input type="checkbox"/> Combined Immunodeficiency, Unspecified	D81.9
<input type="checkbox"/> Guillain-Barre Syndrome (GBS)	G61.0	<input type="checkbox"/> Common Variable Immunodeficiency, Unspecified	D83.9
<input type="checkbox"/> Multifocal Motor Neuropathy	G61.82	<input type="checkbox"/> Hereditary Hypogammaglobulinemia	D80.0
<input type="checkbox"/> Myasthenia Gravis (MG)	G70.0	<input type="checkbox"/> Immunodeficiency with Increased IgM	D80.5
<input type="checkbox"/> Myasthenia Gravis with (Acute) Exacerbation	G70.01	<input type="checkbox"/> Nonfamilial Hypogammaglobulinemia	D80.1
<input type="checkbox"/> Polymyositis	M33.20	<input type="checkbox"/> Other combined Immunodeficiencies	D81.89
<input type="checkbox"/> Relapsing Remitting Multiple Sclerosis (RRMS)	G35	<input type="checkbox"/> Other Common Variable Immunodeficiencies	D83.9
<input type="checkbox"/> Stiff Person Syndrome	G25.82	<input type="checkbox"/> Pemphigoid	L12.0
Other:		<input type="checkbox"/> Pemphigus	L10.9
<input type="checkbox"/> Autoimmune Encephalopathy	G04.81	<input type="checkbox"/> SCID with Low or Normal B-Cell Numbers	D81.2
<input type="checkbox"/> Idiopathic Thrombocytopenic Purpura	D69.3	<input type="checkbox"/> SCID with Low T- and B- Cell Numbers	D81.1
<input type="checkbox"/> Inflammatory Neuropathies	G61.89	<input type="checkbox"/> Selective deficiency of IgG Subclasses	D80.3
		<input type="checkbox"/> Specific Antibody Deficiency	D80.6
		<input type="checkbox"/> Systemic lupus erythematosus (SLE)	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
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