

Immunogi	lobulin Presi	cription	Form
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Please fax completed order form to 317.870.2085

11711 North College Ave Suite 125 Carmel, IN 46032 OFFICE: 317.870.2090 FAX: 317.870.2085	Prescription:			
	Intravenous Immunoglobulin		Subcutaneous Immunog	lobulin
<u>Demographic Information:</u>	□ 0.4 gm/kg □1gm/kg □2gm/kg □	grams		
				mla
Patient Name Date of Birth	Infuse: IV daily x day(s); repeat every	week(s) x		
	Other:		using sites	time(s) per week
Home Address	Hydration order:mls NS iv	to be infused prior/pos	st IVIG. for months.	
	Pre-medications: Acetaminophen 650mg PO 30	mins prior to infusion	Other Pre-medications:	
City, State, Zip	Diphenhydramine 25mg PO 30	mins prior to infusion		
	<u>Clinical Information:</u>			
Home Phone Mobile or Work Phone				
	Patient Weight: Height:	A	llergies:	
Primary Insurance Name				
	IV access [for IVIg patients only]:		 Nurse to place PIV prior to therapy 	
Primary Insurance ID Primary Insurance Group	Diagnosis	ICD-10	Diagnosis	ICD-10
	Neuromuscular:		Immune Deficiency:	TCD-TO
	Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	G61.81	CVID w/ Predominant Immunoregulatory T-Cell Disorders	D83.1
Insured Name Insured Date of Birth	□ Dermatopolymyositis	M33.90	□ Combined Immunodeficiency, Unspecified	D81.9
	□ Guillain-Barre Syndrome (GBS)	G61.0	Common Variable Immunodeficiency, Unspecified	D83.9
Secondary Insurance Name Insurance ID Insurance Group	Multifocal Motor Neuropathy	G61.82	Hereditary Hypogammaglobulinemia	D80.0
	□ Myasthenia Gravis (MG)	G70.0	Immunodeficiency with Increased IgM	D80.5
Secondary Insurance ID Secondary Insurance Group	Myasthenia Gravis with (Acute) Exacerbation	G70.01	Nonfamilial Hypogammaglobulinemia	D80.1
Secondary Insurance ID Secondary Insurance Group	Polymyositis	M33.20	Other combined Immunodeficiencies	D81.89
	□ Relapsing Remitting Multiple Sclerosis (RRMS)	G35	Other Common Variable Immunodeficiencies	D83.9
Ordering Physician's Name	□ Stiff Person Syndrome	G25.82	Pemphigoid	L12.0
	Other:		Pemphigus	L10.9
Address	Autoimmune Encephalopathy	G04.81	SCID with Low or Normal B-Cell Numbers	D81.2
	□ Idiopathic Thrombocytopenic Purpura	D69.3	□ SCID with Low T- and B- Cell Numbers	D81.1
	Inflammatory Neuropathies	G61.89	Selective deficiency of IgG Subclasses	D80.3
City, State, Zip			Specific Antibody Deficiency	D80.6 M32.9
			□ Systemic lupus erythematosus (SLE)	M32.9
Phone Fax				
	Please Draw:		PER Anaphylaxis Protocol:	
NPI	CBC/diff CMP IgG w/subclasses 1-4		 Adult – EpiPen 0.3 auto-injector dual pack Pediatric – EpiPen 0.15 auto-injector dual pack 	
NPI	5	· · · · · · · · · · · · · · · · · · ·	Administer intramuscularly in the event of ADR*	
Please fax the following information:	Frequency:	[May repeat x 1. Order is valid for 1 year]. **Use generic if ap	plicable**
Listen and Developt — Developed to March	Notes:	If applicable, f	lush intravenous access device per KabaF	usion protocol:
□ History and Physical □ Pertinent Lab Work				
Front & Back copy(s) of patient's insurance card(s)		Access	NS	Heparin
	d	Peripheral	NS E 10 mlc hoforo/ofter user 10 u/m	2mls after last NS flush I 3-5mls after last NS
I authorize KabaFusion and its representatives to act as an agent and initiate and		Midline, central (non-po		5mls after blood draw
execute any insurance prior authorization process for this prescription, and any future fills of the same prescription for the patient listed above. I understand that I can		Implanted Por		ml 5mls after last NS
revoke this designation at any time by providing written.notice to KabaFusion.			after blood draw flush;	omls after blood draw hl 3- mls after last NS
Dhusisian Cimatuma		Tunneled	after blood draw flush.	Similar after blood draw
Physician Signature: Date:		Groshong PICC, Mi	idline 5-10mls before/after use; 10mls NC after blood draw) Heparin needed

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