

## Immunoglobulin Prescription Form

Please fax completed order form to 207.810.2372

| 12 Northbrook Drive   Suite 1   Falmouth, ME 04105<br>OFFICE: 877.373.1523   FAX: 207.810.2372   | Prescription: Intravenous Immunoglobulin  |   | Subcutaneous Immunoglobulin   |   |
|--|---|---|---|---|
| Demographic Information:   | □ 0.4 gm/kg □1gm/kg □2gm/kg □g Infuse: □ IV daily x day(s); repeat every v  | •   | cycles Infuse grams OR<br>using sites   |   |
| Patient Name Date of Birth   | Other:Mls NS iv to be Pre-medications: Acetaminophen 650mg PO 30 mins   |   | IVIG. formonth  |   |
| Home Address   | Diphenhydramine 25mg PO 30 mins   |   |   |   |
| City, State, Zip   | Clinical Information: Patient Weight:   |   | Allergies: Nurse to place PIV prior to therapy  |   |
| Home Phone Mobile or Work Phone  | Diagnosis (Neuromuscular):  | ICD-10  | Diagnosis (Immune Deficiency):  | ICD-10  |
|  | □ Autoimmune Encephalopathy   | G04.81  | □ CVID 83.9   | D83.9   |
|  | □ Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)  | G61.81  | Hypogammaglobulinemia -primary humoral immunod  | eficiency D80.7                                       |
| Primary Insurance Name   | Chronic Inflammatory Sensory Polyradiculopathy (CISP)   | G61.81  | IgG sub class deficiency  | D80.3   |
|  | □ Chronic Severe Myasthenia Gravis with Exacerbation & Disability   | G70.01  | Specific Antibody deficiency  | D80.6   |
| Primary Insurance ID Primary Insurance Group   | Myasthenic Crisis   | G70.01  | Agammaglobulinemia -primary humoral immunodefici  | ency D80.0  |
|  | Dermatomyositis     Polymyositis  | M33.10   M33.2  | □ Chronic lymphocytic leukemia (CLL) with frequent  | C91.10  |
|  | Guillain-Barre Syndrome (GBS)   | G61.0   | infections and 2 IgG levels are less than 400mg/d   | D70.0   |
| Insured Name Insured Date of Birth   | Hereditary sensory neuropathy   | G60.0   | □ Agranulocytosis   |   |
|  | □ Idiopathic Progressive Polyneuropathy   | G60.3   | <ul> <li>Bone marrow transplant patients (for prevention of in<br/>or GVH prevention)</li> </ul>  | fection Z94.81  |
| Secondary Insurance Name Insurance ID Insurance Group  | □ Idiopathic Thrombocytopenic Purpura   | D69.3   | , ,   | 504.04  |
| Secondary insurance Name insurance ib insurance or oup   | Multifocal Motor Neuropathy   | G61.82  | □ Acquired immunosuppression IgG <400 & recurrent in  |   |
|  | □ Multiple myeloma and immunoproliferative neoplasms  | C90.0   | □ B Cell (CLL ) Leukemia IgG <500 , recurrent infections  | B25.9   |
| Secondary Insurance ID Secondary Insurance Group   | Neuromyelitis Optica & MOG syndrome   | G36.0   | CMV viremia   | C46.9   |
|  | PANDAS / PANS   | D89.9   | HIV infected children   |   |
| Ordering Dhusisian/s Name  | Peroneal muscular atrophy   | G60.0   | Toxic Shock Syndrome (Staphylococcal or Streptococca  | al) A48.3   |
| Ordering Physician's Name  | □ Rasmussen Encephalitis  | G04.90  | □ Immunotherapy-Related Toxicities Associated with<br>Checkpoint Inhibitor Therapy T45.1X5A   |   |
|  | Relapsing Remitting Multiple Sclerosis (RRMS)   | G35.1   | ,   | B01.9   |
| Address  | Severe Refractory Myasthenia Gravis (MG)  | G70.0   |   |   |
|  | □ Solid organ transplant recipients at risk for cytomegalovirus infections\pneumo                                   | onia Z94.9<br>G25.82  | Diagnosis (Dermatology):  |   |
| City Chata Tin   | □ Stiff Person Syndrome   |   | 345.82         □ Progressive autoimmune mucocutaneous blistering disease;           334.3         this include pemphigus vulgaris, pemphigusfoliaceus, bullous pemphigoid |   |
| City, State, Zip   | Anemia with parvovirus B19  |   | and mucous membrane pemphigoid. Behcet's syndrome,  | LIU.9   |
|  | Antiphospholipid syndrome   | D68.61  | Wegener's granulomatosis  |   |
| Phone Fax NPI Please fax the following information:  | Please Draw:         □ CBC/diff       □ CMP       □ IgG w/subclasses 1-4       □         □       □       Frequency: | IgG w/subclasses 1-4       Quant. Ig         Frequency:       PER Anaphylaxis Protocol:         Image: Second structure       Adult – EpiPen 0.3 auto-injector dual pack         Image: Second structure       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]. |   |   |
| Ŭ  | Notes:  | If applicable, flu  | ush intravenous access device per Kaba  | aFusion protocol:                                     |
| History and Physical     Pertinent Lab Work  |   |   | · · · · · · · · · · · · · · · · · · ·   |   |
| □ Front & Back copy(s) of patient's insurance card(s)  |   | Access  | NS  | Heparin   |
|  |   | Peripheral  | NC F 10 mls hafars (after use 10  | hl 1-2mls after last NS flush                         |
| I authorize KabaFusion and its representatives to act as an agent and initiate and   | Mic   | idline, central (non-port   |   | u/ml 3-5mls after last NS<br>h; 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 Port  | 5-10mls before/after use; 20mls 100   | ) u/ml 5mls after last NS                             |
| revoke this designation at any time by providing written notice to KabaFusion.   |   | inplanted Fort  |   | h; 5mls after blood draw                              |
|  |   | Tunneled  |   | u/ml 3- mls after last NS<br>h. 5mls after blood draw |
| Physician Signature:<br>Date:  |   | Groshong PICC, Midl   | E 10mla la fana (afternova a 10mla  | NO Heparin needed                                     |

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