

Boca Raton  
9980 Central Park Blvd  
Suite 202, N  
Boca Raton, FL 33428



(intravenous immunoglobulin)

# IVIg

Infusion orders

Date: \_\_\_\_\_

PATIENT INFORMATION		
Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

REFERRAL STATUS
<input type="checkbox"/> New Referral <input type="checkbox"/> Referral Renewal <input type="checkbox"/> Medication/Order Change <input type="checkbox"/> Benefits Verification Only <input type="checkbox"/> Discontinuation Order

PHYSICIAN INFORMATION	
Referral Coordinator Name:	Referral Coordinator Email:
Ordering Provider:	Provider NPI:
Referring Practice Name:	Phone: _____ Fax: _____
Practice Address:	City: _____ State: _____ Zip Code: _____

**DIAGNOSIS** *Please provide ICD-10 code*

\_\_\_\_\_ Primary Immunodeficiency (PI)  
 \_\_\_\_\_ Idiopathic Thrombocytopenic Purpura (ITP)  
 \_\_\_\_\_ Multifocal Motor Neuropathy (MMN)  
 \_\_\_\_\_ Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)  
 \_\_\_\_\_ Myasthenia Gravis  
 \_\_\_\_\_ Hypogammaglobulinemia

\_\_\_\_\_ (other)

**PRE-MEDICATION**

Tylenol 1000mg PO       Solu-Medrol 125mg IVP  
 Diphenhydramine 25mg PO       Solu-Cortef 100mg IVP  
 Cetirizine 10mg PO       Diphenhydramine 25mg IVP

\_\_\_\_\_ (other)      \_\_\_\_\_ (other)

**IVIg ORDERS**

**BRAND:**

Gamunex (10%)       Octagam (10%)  
 Gammagard (10%)       Gammaked (10%)  
 Privigen (10%)       Gammaplex (10%)  
 Panzyga (10%)       IV \_\_\_\_\_

**PATIENT WEIGHT**

\_\_\_\_\_ lbs.  
\_\_\_\_\_ kg

**DOSAGE:**

• \_\_\_\_\_ gm per day      • x \_\_\_\_\_ days  
 • \_\_\_\_\_ mg/kg over

Other \_\_\_\_\_

Frequency:

every \_\_\_\_\_ weeks  
 one-time dose/treatment  
 Other \_\_\_\_\_

**NOTES/ADDITIONAL COMMENTS:**

\_\_\_\_\_

## ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_