

Physician Signature:_

Immunoglobulin Prescription Form Please fax completed order form to 877.445.8821

5-10mls before/after use; 10mls

after blood draw

NO Heparin needed

Groshong PICC, Midline

17777 Center Court Drive | Suite 175 | Cerritos. CA 90703

OFFICE: 877.577.4844 FAX: 877.445.8821		<u>Prescription:</u>						
Demographic Information:		□ Intravenous Immunoglobulin □ Subcutaneous Immunoglobulin						oulin
Demograpme Imorme	200011.	□ 0.4 gm/kg □1g	gm/kg □2gm/kg □	grams				
Patient Name Date of Birth		Infuse: ☐ IV daily x	day(s); repeat every	week(s) x	cycles	Infuse grams	OR ml:	S
	24.0 0. 2	□ Other:				using sites	time	(s) per week
Home Address		Hydration order:			r/nost IVIG	for		(с) рег пост
Home Address		•		•	•			
			phenhydramine 25mg PO 30			er Pre-medications:		
City, State, Zip		51	Shering aranime 20mg 1 0 00	o mino prior to ima	31011			
		Clinical Information	n·					
Home Phone	Mobile or Work Phone	Chinical filliofillation.						
		Patient Weight:		Allergies:				
Primary Insurance Name					. 0			
Triniary modrance ivanic		□ IV access [for I	IVIg patients only]:		□ Nur	se to place PIV prior to th	erapy	
<u> </u>				1				
Primary Insurance ID Primary Insurance Group		Diagnosis		ICD-1	- 3	- 3		ICD-10
		Neuromuscular:				e Deficiency:		B00.4
Insured Name	Insured Date of Birth	, ,	yelinating Polyneuropathy (CIDP)	,		n/ Predominant Immunoregulatory T-0	Cell Disorders	D83.1
		□ Dermatopolymyositis	DO)	M33.9		ned Immunodeficiency, Unspecified	10. 1	D81.9 D83.9
Socondary Incurance Name	Insurance ID Insurance Group	☐ Guillain-Barre Syndrome (GBS)		G61.0		☐ Common Variable Immunodeficiency, Unspecified		
Secondary Insurance Name Insurance ID Insurance Group		☐ Multifocal Motor Neuropathy		G61.8		☐ Hereditary Hypogammaglobulinemia		
		☐ Myasthenia Gravis (MG)		G70.0		nodeficiency with Increased IgM		D80.5
Secondary Insurance ID Secondary Insurance Group		☐ Myasthenia Gravis with (Acute) Exacerbation		G70.0		☐ Nonfamilial Hypogammaglobulinemia ☐ Other combined Immunodeficiencies		D80.1
		□ Polymyositis	0.1 (DDMO)	M33.2				D81.89
Ordering Physician's Name		☐ Relapsing Remitting Multiple Sclerosis (RRMS)		G35		☐ Other Common Variable Immunodeficiencies		D83.9
Ordering Physician's Name		☐ Stiff Person Syndrome		G25.8		•		L12.0 L10.9
		Other:			□ Pempl	*		D81.2
Address		☐ Autoimmune Encephalopath	G04.8		E corp min con or normal p con numbers			
		 ☐ Idiopathic Thrombocytopeni ☐ Inflammatory Neuropathies 	D69.3		□ SCID with Low T- and B- Cell Numbers D81.1 □ Selective deficiency of IgG Subclasses D80.3			
City, State, Zip		☐ Illiammatory Neuropatnies	G61.8		☐ Specific Antibody Deficiency D80.			
City, State, Zip						nic lupus erythematosus (SLE)		M32.9
					□ Syster	nic lupus erythematosus (SLE)		IVIJZ.7
Phone	Fax				DED And	unbulavic Protocol		
		Please Draw:	PER Anaphylaxis Protocol: □ Adult – EpiPen 0.3 auto-injector dual pack					
NPI		□ CBC/diff □ CMP □ IgG w/subclasses 1-4 □ □ Frequency:		-4		EpiPen 0.15 auto-injector dual pack		
1911						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 applicab	ole**
☐ History and Physical ☐ Pertinent Lab Work		Notes:		If applicable, flush intravenous access device per KabaFusion protocol:				
, ,								
□ Front & Back copy(s) of patient's insurance card(s)				Acce		NS	Heparin 10u/ml 1-2mls after last NS flush	
		4		Periph	eral	1-3ml before/after use		
I authorize KabaFusion and its representatives to act as an agent and initiate and 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 revoke this designation at any time by providing written notice to KabaFusion.				Midline, central (n	ion-port), PICC	NS 5-10 mls before/after use; 10mls after blood draw		mls after last NS after blood draw
				Implante	d Port	5-10mls before/after use; 20mls	100 u/ml 5r	nls after last NS
						after blood draw 5-10mls before/after use; 20mls		after blood draw mls after last NS
				Tunne	led	after blood draw		after blood draw

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