

13504 S Point Blvd.   Suite OFFICE: 704.583.2140   FA	e H,   Charlotte, NC 28273	Prescription:				
		Intravenous Immunoglobulin		Subcutaneous I	Subcutaneous Immunoglobulin	
<u>Demographic Informat</u>	tion:	□ 0.4 gm/kg □1gm/kg □2gm/kg □	grams			
Patient Name	Date of Birth	Infuse: IV daily x day(s); repeat every	week(s) x	cycles Infuse grams	s OR mls	
Fatient Name	Date of Birth				time(s) per week	
		Other:				
Home Address		Hydration order:mls NS iv	to be infused prior/	post IVIG. for	months.	
		Pre-medications: Acetaminophen 650mg PO 30				
City, State, Zip		Diphenhydramine 25mg PO 30	) mins prior to infusio	on		
		<u>Clinical Information:</u>				
Home Phone	Mobile or Work Phone					
		Patient Weight: Height:		Allergies:		
Primary Insurance Name		IV access [for IVIg patients only]:		Nurse to place PIV prior to the second se	nerapy	
Primary Insurance ID	Primary Insurance Group	Diagnosis	ICD-10	) Diagnosis	ICD-10	
5	, i	Neuromuscular:		Immune Deficiency:	168-10	
		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, Unsp	ecified 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 Immunodeficiencie	es D83.9	
Ordering Physician's Name		□ Stiff Person Syndrome G25.		Pemphigoid	L12.0	
		Other:		Pemphigus	L10.9	
Address		Autoimmune Encephalopathy		□ SCID with Low or Normal B-Cell Numbers	D81.2	
		□ Idiopathic Thrombocytopenic Purpura		□ 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	
				□ Systemic lupus erythematosus (SLE)	M32.9	
Phone	Fax					
Phone	Fax	Please Draw:		PER Anaphylaxis Protocol:		
		-CPC/diff - CMP - IcC w/cwholesee 1	4 – Ouant Ia	□ Adult – EpiPen 0.3 auto-injector dual pack		
NPI		□ CBC/diff □ CMP □ IgG w/subclasses 1-		Pediatric – EpiPen 0.15 auto-injector dual pack * Administer intramuscularly in the event of ADR*		
Please fax the following information:		Frequency:			at x 1. Order is valid for 1 year]. **Use generic if applicable**	
History and Physical Pertinent Lab Work		Notes:	If applicable	e, flush intravenous access device p	per KabaFusion protocol:	
Front & Back copy(s) of patient's insurance card(s)			Acces	s NS	Heparin	
		J	Peripher		10u/ml 1-2mls after last NS flush	
I authorize KabaFusion and its representatives to act as an agent and initiate and		]	Midline, central (nor	n-port), PICC NS 5-10 mls before/after use;	10 u/ml 3-5mls after last NS	
execute any insurance prior authorization process for this prescription, and any future			· · · ·	E 10mlc hoforo/ofter user 20mlc	flush; 5mls after blood draw 100 u/ml 5mls after last NS	
fills of the same prescription for the patient listed above. I understand that I can			Implanted	Port after blood draw	flush; 5mls after blood draw	
revoke this designation at any time by providing written notice to KabaFusion.			Tunnele	d 5-10mls before/after use; 20mls	10 u/ml 3- mls after last NS	
Physician Signature:				E 10mlc before /after user 10mlc	flush. 5mls after blood draw	
Date:			Groshong PICC	, Midline after blood draw	NO Heparin needed	

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## Immunoglobulin Prescription Form

Please fax completed order form to 704.583.2130