

## Immunoglobulin Prescription Form Please fax completed order form to 315.469.9744

after blood draw

NO Heparin needed

Groshong PICC, Midline

922 Spencer Street | Syracuse, NY 13204

922 Spencer Street   Syracuse, NY 13204 OFFICE: 315.492.1964   FAX: 315.469.9744		<u>Prescription:</u>				
· · · · · · · · · · · · · · · · · · ·		☐ Intravenous Immunoglobulin		☐ Subcutaneous In	☐ Subcutaneous Immunoglobulin	
<u>Demographic Information:</u>		□ 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 OR mls				
	2410 01 211 111	□ Other:		using sites	time(s) per week	
		Hydration order:mls NS iv				
Home Address		-				
		□ Pre-medications: Acetaminophen 650mg PO 30		Other Pre-medications:	<del></del>	
City, State, Zip		Diphenhydramine 25mg PO 30	mins prior to iniusion			
		Climical Information				
Home Phone	Mobile or Work Phone	<u>Clinical Information:</u>				
		Patient Weight: Height: Allergies:				
Primary Insurance Name		<ul> <li>IV access [for IVIg patients only]:</li> </ul>		□ Nurse to place PIV prior to the	erapy	
Primary Insurance ID	Primary Insurance Group	Diagnosis	ICD-10	Diagnosis	ICD-10	
		Neuromuscular:	102.10	Immune Deficiency:		
Insured Name	Insured Date of Birth	☐ Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	G61.81	☐ CVID w/ Predominant Immunoregulatory T-0	Cell Disorders D83.1	
mane wante	modred bate of birth	☐ Dermatopolymyositis	M33.90	☐ Combined Immunodeficiency, Unspecified	D81.9	
		☐ Guillain-Barre Syndrome (GBS)	G61.0	☐ Common Variable Immunodeficiency, Unspec	cified 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	
	у	□ Polymyositis	M33.20	☐ Other combined Immunodeficiencies	D81.89	
		☐ Relapsing Remitting Multiple Sclerosis (RRMS) G35		☐ Other Common Variable Immunodeficiencies		
Ordering Physician's Name			☐ Stiff Person Syndrome ☐ C25.82 ☐ 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  □ Selective deficiency of IgG Subclasses D80.3		
City, State, Zip		☐ Inflammatory Neuropathies	G61.89	☐ Selective deficiency of IgG Subclasses ☐ Specific Antibody Deficiency	D80.6	
City, State, Zip				☐ Systemic lupus erythematosus (SLE)	M32.9	
				□ Systemic lupus erythematosus (SEE)	19132.7	
Phone	Fax	Please Draw:		PER Anaphylaxis Protocol:		
		Please Draw:		□ Adult – EpiPen 0.3 auto-injector dual pack		
NPI		□ CBC/diff □ CMP □ IgG w/subclasses 1-4		□ Pediatric – EpiPen 0.15 auto-injector dual pack		
		□ □ Frequency:		* Administer intramuscularly in the event of ADR*	and a site of the state of the	
Please fax the following in	formation:			May repeat x 1. Order is valid for 1 year]. **Use	generic if applicable	
□ 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)			Access	NS	Heparin	
1300 - 1-	• • • • • • • • • • • • • • • • • • • •		Peripheral	1-3ml before/after use	10u/ml 1-2mls after last NS flush	
I authorize KabaFusion and its representatives to act as an agent and initiate and			Midline, central (non-po	ort), PICC NS 5-10 mls before/after use; 10mls after blood draw	10 u/ml 3-5mls after last NS flush; 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	E 10mlc hoforo/ofter uses 20mls	100 u/ml 5mls after last NS flush; 5mls after blood draw	
revoke this designation at any time by providing written notice to KabaFusion.			Tunneled	5-10mls before/after use; 20mls after blood draw	10 u/ml 3- mls after last NS flush. 5mls after blood draw	
Physician Signature:			Crookena DICC M	E 10mlo hoforo/ofter use. 10mlo	NO Hangin pandad	

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