

Immunoglobulin Prescription Form Please fax completed order form to 215.376.6939

after blood draw

223 Witmer Road | Horsham, PA. 19044

223 Witmer Road Horsham, PA. 19044 OFFICE: 877.629.4844 FAX: 215.376.6939		<u>Prescription:</u>						
Demographic Information:		☐ Intravenous Immunoglobulin ☐ Subcutaneous Immunoglob					in	
		□ 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 □ Other: sites time(s) per week						
Home Address		Hydration order:mls NS iv t Pre-medications: Acetaminophen 650mg PO 30 n Diphenhydramine 25mg PO 30	mins prior to infusior	n 🗆 Othe	for er Pre-medications:			
City, State, Zip		. , ,	F					
Home Phone	Mobile or Work Phone	Clinical Information: Patient Weight: Height: Allergies:						
Primary Insurance Name		□ IV access [for IVIg patients only]:		□ Nurs	se to place PIV prior to then	rapy		
Primary Insurance ID Primary Insurance Group		Diagnosis	ICD-10	Diagnosis			ICD-10	
		Neuromuscular:		Immune	Deficiency:			
Insured Name	Insured Date of Birth	☐ Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	G61.81	□ CVID v	v/ Predominant Immunoregulatory T-Cel	II Disorders	D83.1	
11136.34	11134.34 24.5 5. 2	☐ Dermatopolymyositis	M33.90	☐ Combir	ned Immunodeficiency, Unspecified		D81.9	
		☐ Guillain-Barre Syndrome (GBS)	G61.0	□ Commo	on Variable Immunodeficiency, Unspecif	ied	D83.9	
Secondary Insurance Name Insurance ID Insurance Grou		☐ Multifocal Motor Neuropathy	G61.82	☐ Heredi	ereditary Hypogammaglobulinemia Di			
		☐ Myasthenia Gravis (MG)	G70.0	☐ Immur	nodeficiency with Increased IgM		D80.5	
Corredow Incomence ID		☐ Myasthenia Gravis with (Acute) Exacerbation	G70.01				D80.1	
Secondary Insurance ID	Secondary Insurance Group	□ Polymyositis	M33.20		combined Immunodeficiencies		D81.89	
		☐ Relapsing Remitting Multiple Sclerosis (RRMS)	G35	□ Other (Common Variable Immunodeficiencies		D83.9	
Ordering Physician's Name		☐ Stiff Person Syndrome	G25.82		□ Pemphigoid			
3 3 3 3 3 3 3 3 3 3		Other:	020.02	□ Pemph	•		L12.0 L10.9	
		☐ Autoimmune Encephalopathy	G04.81		vith Low or Normal B-Cell Numbers		D81.2	
Address		☐ Idiopathic Thrombocytopenic Purpura	D69.3			D81.1		
		☐ Inflammatory Neuropathies	G61.89		ve deficiency of IgG Subclasses		D80.3	
City, State, Zip		= manimatory modropatines	001.07		c Antibody Deficiency		D80.6	
only, otato, zip					nic lupus erythematosus (SLE)		M32.9	
				Боумен	ile lapas el ytrielliatosas (SEE)	L		
Phone	Fax	Please Draw: □ CBC/diff □ CMP □ IgG w/subclasses 1-4	PER Anaphylaxis Protocol: Adult – EpiPen 0.3 auto-injector dual pack Quant. Ig Pediatric – EpiPen 0.15 auto-injector dual pack					
Please fax the following information:		□ □ Frequency: _		* Administer	intramuscularly in the event of ADR* x 1. Order is valid for 1 year]. **Use go	eneric if applicable**		
. iouse iux ine ione iing i	morniation.	Notes:	If annliaghle	fluck inte	ravamaria aggasa davisa mar	. VahaFusian	nrotocol.	
$\ \square$ History and Physical $\ \square$	Pertinent Lab Work	Notes:	т аррисавіе	, Tiush inti	ravenous access device per	Kabarusion	protocoi:	
☐ Front & Back copy(s) of patient's insurance card(s)			Access NS		NS	Heparin		
	• •		Periphera		1-3ml before/after use	10u/ml 1-2mls after	er last NS flush	
l 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			Midline, central (non-port), 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		
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.			Implanted Port		5-10mls before/after use; 20mls after blood draw 5-10mls before/after use; 20mls	flush; 5mls after	00 u/ml 5mls after last NS ish; 5mls after blood draw 0 u/ml 3- mls after last NS	
			Tunneled		after blood draw	flush. 5mls after blood draw		
Physician Signature:			Groshong PICC, Midline		5-10mls before/after use; 10mls	NO Heparin needed		

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