

Physician Signature:\_

## Immunoglobulin Prescription Form Please fax completed order form to 877.239.8117

5-10mls before/after use; 10mls

after blood draw

NO Heparin needed

Groshong PICC, Midline

463 N. White Horse Pike I Hammonton, NJ 08037

OFFICE: 609.567.2241   FAX: 877.239.8117		<u>rrescription.</u>					
·		☐ Intravenous Immunoglobulin ☐ Subcutaneous Immunoglobuli					ulin
<u>Demographic Informa</u>	tion:	□ 0.4 gm/kg □1gm/kg □2gm/kg □	grams				
			-	cycles	Infuse grams	∩R mls	
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		post IVIG.	for	months.	
		<ul> <li>Pre-medications: Acetaminophen 650mg PO 30</li> </ul>	mins prior to infusio	n 🗆 Othe	er Pre-medications:		
City, State, Zip		Diphenhydramine 25mg PO 30	0 mins prior to infusion	on			
		Clinical Information:					
Home Phone	Home Phone Mobile or Work Phone						
		Patient Weight: Height: Allergies:					
Primary Insurance Name		□ IV access [for IVIg patients only]: _		□ Nurs	se to place PIV prior to the	erapy	
Primary Insurance ID Primary Insurance Group		Diagnosis	ICD-10	Diagr	Diagnosis		ICD-10
		Neuromuscular:			Immune Deficiency:		
Insured Name	Insured Date of Birth	☐ Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	G61.81	□ CVID v	☐ CVID w/ Predominant Immunoregulatory T-Cell Disorders		D83.1
		☐ Dermatopolymyositis	M33.90	☐ Combi	ned Immunodeficiency, Unspecified		D81.9
<u> </u>		☐ Guillain-Barre Syndrome (GBS)	G61.0	□ Comm	☐ Common Variable Immunodeficiency, Unspecified		D83.9
Secondary Insurance Name Insurance ID Insurance Group		☐ Multifocal Motor Neuropathy	G61.82	☐ Heredi	itary Hypogammaglobulinemia		D80.0
		☐ Myasthenia Gravis (MG)	G70.0	☐ Immur	nodeficiency with Increased IgM		D80.5
Secondary Insurance ID	Secondary Insurance Group	☐ Myasthenia Gravis with (Acute) Exacerbation G		☐ Nonfamilial Hypogammaglobulinemia		D80.1	
Secondary modification is		□ Polymyositis	M33.20	M33.20 ☐ Other combined Immunodeficiencies			D81.89
		☐ Relapsing Remitting Multiple Sclerosis (RRMS)	G35	☐ Other Common Variable Immunodeficiencies			D83.9
Ordering Physician's Name		☐ Stiff Person Syndrome		□ Pemphigoid			L12.0
		Other:		☐ Pemphigus			L10.9
Address		☐ Autoimmune Encephalopathy	G04.81	□ SCID v	☐ SCID with Low or Normal B-Cell Numbers		D81.2
		☐ Idiopathic Thrombocytopenic Purpura	D69.3	59.3 ☐ SCID with Low T- and B- Cell Numbers			D81.1
		☐ Inflammatory Neuropathies	G61.89	☐ Selective deficiency of IgG Subclasses			D80.3
City, State, Zip				☐ Specifi	Specific Antibody Deficiency		D80.6
				☐ System	nic lupus erythematosus (SLE)		M32.9
Phone	Fax	Please Draw:		PER Ana	phylaxis Protocol:		
				☐ Adult – EpiPen 0.3 auto-injector dual pack			
NPI		□ CBC/diff □ CMP □ IgG w/subclasses 1-	-4 🗆 Quant. Ig		: – EpiPen 0.15 auto-injector dual pack		
		□ □ Frequency:			intramuscularly in the event of ADR* x 1. Order is valid for 1 year]. **Use generic if applicable**		
Please fax the following	information:			[мау гереат	x 1. Order is valid for 1 year]. ""Use	generic if applicabl	e <sup></sup>
□ History and Physical □ Pertinent Lab Work		Notes:	If applicable, flush intravenous access device per KabaFusion prot			n protocol:	
□ Front & Back copy(s) of patient's insurance card(s)			Acces	S	NS	Heparin	
		]	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 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.		1	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	
		1	Implanted Port		5-10mls before/after use; 20mls after blood draw	100 u/ml 5mls after last NS flush; 5mls after blood draw	
		1	Tunneled		5-10mls before/after use; 20mls	10 u/ml 3- mls after last NS	

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