

Immunoglobulin Prescription Form Please fax completed order form to 702.476.6766

after blood draw

NO Heparin needed

Groshong PICC, Midline

1510 W. Sunset Road | Suite 120 | Henderson NV 89014

Demographic Information: Subcutaneous Immunoglobulin Subcutaneous Immunoglobulin O.4 gm/kg O
Patient Name Date of Birth Infuse: □ IV daily x day(s); repeat every week(s) x cycles
Other:
□ Pre-medications: Acetaminophen 650mg PO 30 mins prior to infusion □ Other Pre-medications:
City, State, Zip
Home Phone Mobile or Work Phone Clinical Information: Patient Weight: Height: Allergies:
Primary Insurance Name □ IV access [for IVIg patients only]: □ Nurse to place PIV prior to therapy
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 w/ Predominant Immunoregulatory T-Cell Disorders D83.1
□ Dermatopolymyositis M33.90 □ Combined Immunodeficiency, Unspecified D81.9
Guillain-Barre Syndrome (GBS) □ Guillain-Barre Syndrome (GBS) □ Common Variable Immunodeficiency, Unspecified □ D83.9
Secondary Insurance Name Insurance ID Insurance Group
□ 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
□ Polymyositis 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 G25.82 □ Pemphigoid L12.0
Other: Pemphigus L10.9
Address 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
□ Inflammatory Neuropathies G61.89 □ Selective deficiency of IgG Subclasses D80.3 City. State. 7ip □ Specific Antibody Deficiency D80.6
☐ Systemic lupus erythematosus (SLE) M32.9
Phone Fax Please Draw: CBC/diff CMP IgG w/subclasses 1-4 Quant. Ig PER Anaphylaxis Protocol: Adult – EpiPen 0.3 auto-injector dual pack Pediatric – EpiPen 0.15 auto-injector dual pack Administer 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 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
Peripheral 1-3ml before/after use 10u/ml 1-2mls after last NS flus
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 Midline, central (non-port), PICC NS 5-10 mls before/after use; 10 u/ml 3-5mls after last NS flush; 5mls after blood draw flush; 5mls after blood draw
fills of the same prescription for the patient listed above. I understand that I can Implanted Port 100 u/ml 5mls after last NS 100 u/ml 5mls after la
revoke this designation at any time by providing written.notice to KabaFusion. Tunneled 5-10mls before/after use; 20mls after blood draw flush. 5mls after blood draw Physician Signature: 5-10mls before/after use; 10mls 5-10mls before/after use; 10mls

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