

## Immunoglobulin Prescription Form Please fax completed order form to 704.583.2130

after blood draw

NO Heparin needed

Groshong PICC, Midline

9401 Southern Pine Blvd | Suite J | Charlotte, NC

28273 OFFICE: 704.583.2	140   FAX: 704.583.2130	<u>Prescription:</u>					
Demographic Information:		□ Intravenous Immunoglobulin □ Subcutaneous Immunoglobulin					
Demographic Informa	ation:	□ 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           □ Other:         sites					
Home Address		Hydration order:mls NS iv to be infused prior/post IVIG. formonths.  □ Pre-medications: Acetaminophen 650mg PO 30 mins prior to infusion □ Other Pre-medications:  Diphenhydramine 25mg PO 30 mins prior to infusion					
City, State, Zip		Diprientiyurattiine 23ttig FO 30	mins prior to iniusior	ı			
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	CD-10 Diagnosis			ICD-10
		Neuromuscular:			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	_	ned Immunodeficiency, Unspecified		D81.9
Secondary Insurance Name Insurance ID Insurance		☐ Guillain-Barre Syndrome (GBS)	G61.0	_	on Variable Immunodeficiency, Unspec	ified	D83.9
Secondary mourance warne	Insurance ID Insurance Group	☐ Multifocal Motor Neuropathy	G61.82	☐ Hereditary Hypogammaglobulinemia			D80.0 D80.5
		☐ Myasthenia Gravis (MG)	G70.0		nodeficiency with Increased IgM		D80.5 D80.1
Secondary Insurance ID	Secondary Insurance Group	☐ Myasthenia Gravis with (Acute) Exacerbation ☐ Polymyositis	G70.01	☐ Nonfamilial Hypogammaglobulinemia ☐ Other combined Immunodeficiencies			D81.89
		□ Relapsing Remitting Multiple Sclerosis (RRMS)	M33.20	☐ Other Common Variable Immunodeficiencies			D83.9
Ordering Physician's Name		□ Relapsing Remitting Multiple Sclerosis (RRMS) G35 □ Stiff Person Syndrome G25.82		_	□ Pemphigoid		L12.0
		Other:	G25.82	□ Pemphigus			L10.9
		☐ Autoimmune Encephalopathy	G04.81	☐ SCID with Low or Normal B-Cell Numbers			D81.2
Address		☐ Idiopathic Thrombocytopenic Purpura	D69.3	□ SCID with Low T- and B- Cell Numbers			D81.1
		☐ Inflammatory Neuropathies			ive deficiency of IgG Subclasses		D80.3
City, State, Zip					c Antibody Deficiency		D80.6
				☐ System	nic lupus erythematosus (SLE)		M32.9
Phone	Fax	Please Draw:  □ CBC/diff □ CMP □ IgG w/subclasses 1-4 □ □ Frequency:	l □ Quant. Ig	PER Anaphylaxis Protocol:  Quant. Ig  Quant. Ig  Pediatric — EpiPen 0.15 auto-injector dual pack  Administer intramuscularly in the event of ADR*  [May repeat x 1. Order is valid for 1 year]. "Use generic if applicable**			
Please fax the following	information:			[Iviay repeat	x 1. Order is valid for 1 year]. Use	депенс н аррисав	<u> </u>
□ History and Physical □ Pertinent Lab Work		Notes:	If applicable, flush intravenous access device per KabaFus			er KabaFusio	n 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 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					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			Implanted Port 5-		5-10mls before/after use; 20mls after blood draw	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:		l I	Crashana DICC Midlina		5-10mls before/after use; 10mls		

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