

	mmu	noglc	buli	in Pl	resc	ript	tion	For	m
		0	-				· ~ - ·	~	

Please fax completed order form to 407.425.7445

379 W Michigan Street Suite 204 Orld OFFICE: 407.425.7114 FAX: 407.425.74		<u>Prescription:</u>							
	Intravenous Immunoglobulin				Subcutaneous Immunoglobulin				
<u>Demographic Information:</u>	□ 0.4 gm/kg □1gm/kg □2gm/kg □ grams								
Patient Name	Infuse: □ IV daily x day(s); repeat every week(s) x cycles Infuse grams OR mls □ Other: using sites time(s) per week								
Home Address				mins prior to infusio	on 🗆 Oth	for er Pre-medications:			
City, State, Zip									
Home Phone Mobile or Work	Mobile or Work Phone Clinical Information: Patient Weight: Height: Allergies:								
Primary Insurance Name		□ IV access [for IVIg p	atients only]:		D Nur	se to place PIV prior to the	erapy		
Primary Insurance ID Primary Insur	ance Group	Diagnosis	ICD-1	0 Diagr	Diagnosis				
		Neuromuscular:		Immune	Immune Deficiency:				
Insured Name Insured Date of Birth		Chronic Inflammatory Demyelinating	G61.81		CVID w/ Predominant Immunoregulatory T-Cell Disorders				
		Dermatopolymyositis		M33.90		ned Immunodeficiency, Unspecified		D81.9	
	<u> </u>	□ Guillain-Barre Syndrome (GBS)		G61.0		on Variable Immunodeficiency, Unspec	ified	D83.9	
Secondary Insurance Name Insurance ID	Insurance Group	Multifocal Motor Neuropathy		G61.82		tary Hypogammaglobulinemia		D80.0	
		Myasthenia Gravis (MG)		G70.0		nodeficiency with Increased IgM		D80.5	
Secondary Insurance ID Secondary	/ Insurance Group	Myasthenia Gravis with (Acute) Exact	erbation	G70.01		nilial Hypogammaglobulinemia		D80.1	
			(2.21.10)	M33.20		combined Immunodeficiencies		D81.89	
Ordening Dhysician/s Nome		Relapsing Remitting Multiple Sclerosi	s (RRMS)	G35		Common Variable Immunodeficiencies		D83.9	
Ordering Physician's Name		Stiff Person Syndrome Other:		G25.82	Pemph Pemph	•		L12.0	
				C04.01	Pemph Pemph	•		D81.2	
Address		Autoimmune Encephalopathy Idiopathic Thrombocytopenic Purpure	G04.81 D69.3		□ SCID with Low or Normal B-Cell Numbers D81.2 □ SCID with Low T- and B- Cell Numbers D81.1				
		Inflammatory Neuropathies	d	G61.89		ve deficiency of IgG Subclasses		D81.1 D80.3	
City, State, Zip				G01.89		c Antibody Deficiency		D80.6	
ony, state, zip						nic lupus erythematosus (SLE)		M32.9	
Phone Fax NPI		5	G w/subclasses 1-4	4 🛛 Quant. Ig	□ Adult – Ep □ Pediatric - * Administer	phylaxis Protocol: iPen 0.3 auto-injector dual pack - EpiPen 0.15 auto-injector dual pack 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	e**	
□ History and Physical □ Pertinent Lab Wo	ork	Notes:		If applicable	e, flush int	ravenous access device pe	er KabaFusio	n protocol:	
Front & Back copy(s) of patient's insurance card(s)			Acces		NS		barin		
			ll-	Peripher		1-3ml before/after use		after last NS flush	
I authorize KabaFusion and its representatives to act as an agent and initiate and				Midline, central (no	n-port), PICC	bort), 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						5-10mls before/after use; 20mls	100 u/ml 5mls after last NS		
revoke this designation at any time by providing written notice to KabaFusion.			l-			after blood draw 5-10mls before/after use; 20mls	flush; 5mls after blood draw		
						after blood draw	s 10 u/ml 3- mls after last NS flush. 5mls after blood draw		
Physician Signature: Date:				5 10mls before/after use: 10mls				NO Heparin needed	

CONFIDENTIALITY NOTICE: The following includes confidential, proprietary information that is the sole exclusive property of KabaFusion, LLC. No rights in, relating to, or derived from such information are assigned or otherwise transferred by this document, and the recipient of such information is subject to obligations of secrecy to and for the benefit of KabaFusion, LLC. Any unauthorized use or disclosure of such information is strictly prohibited. This message, together with any attachments, is intended only for the use of the individual or entity to which it is addressed and may contain information that is confidential and prohibited. If you have received this message in error, please notify the original sender immediately by telephone or by return fax and shred this document. Thank you.