

IG THERAPY REFERRAL FORM

Phone (888) 370.1724 Fax (855) 370.0086



Patient Information				PLEASE FAX INSURANCE CARD (FRONT AND BACK)				Prescriber Information			
Last Name		First Name		DOB		Practice/Facility Name					
Address						Address					
City		State		ZIP		City		State		ZIP	
Phone			SSN			Prescriber Name					
Allergies						Latex Allergy		Yes		No	
Sex		Male	Female	Weight (kg)		Height (ft,in)		Prescriber NPI		Nurse/Key Contact	
Insurance Plan				Plan ID #		Fax		Email			

Diagnosis and Clinical Information	
Diagnosis (ICD-10): D80.0 Congenital Hypogammaglobulinemia D81.9 SCID (Unspecified) D83.9 Common Variable Immunodeficiency G35 MS (Relapsing Remitting) G61.0 GBS Other Code: _____ Description: _____	Patient Clinical Information: Allergies: _____ Needs by Date: _____ Ship to Patient Office Other: _____ Lab Orders: _____ Nursing: Please arrange nursing administration Patient may be taught to self-infuse

Prescription Information					
Medication	Route	Dose/Strength	Directions	Quantity	Refills
Immune Globulin	SC IV IM	_____ grams _____ grams		1 Month 3 Months _____	1 year _____
Normal Saline D5W	IV	3 mL 5 mL _____	Before and after infusion _____	1 Month 3 Months _____	1 year _____
Heparin 10 units/mL Heparin 100 units/mL	IV	3 mL 5 mL _____	After Infusion _____	1 Month 3 Months _____	1 year _____
Diphenhydramine	PO IV IM	25 mg 50 mg _____	After Infusion PRN Allergic Reaction: _____ _____	With each infusion _____	1 year _____
Acetaminophen	PO	325 mg 500 mg 650 mg 1 gm _____	Pre-Med: _____ _____	With each infusion _____	1 year _____
Epinephrine	IM SQ	Adult 1:1000, 0.3mL (>30kg/>66lbs) Peds 1:2000, 0.3mL (15-30kg/33-66lbs)	PRN Anaphylaxis Repeating Dose: _____	Once _____	1 year _____
Other: _____					
Vascular Access Method:	peripheral central other: _____				

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state-specific required language to prohibit substitution:

PRESCRIBER MUST MANUALLY SIGN - STAMP SIGNATURE, SIGNATURE BY OTHER PERSONNEL AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED

PRODUCT SUBSTITUTION PERMITTED/Brand exchange permitted (date)

DISPENSE AS WRITTEN/Do Not Substitute (date)

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