

IMMUNE GLOBULIN®

Please Fax Completed Form To: 800-783-9146

PATIENT INFORMATION (Complete or Fax Existing Chart)			PRESCRIBER INFORMATION		
Name: DOB:			Prescriber Name:		
			State License:		
Address:			NPI #:DEA:		
Phone: Alt. Phone:			Address:		
Email: SS#:			City, State, Zip:		
Gender: M F Weight: (lbs) Ht:			Phone: Fax:		
Alleraiec			Office Contact: Phone:		
INSURANCE INFORMATION – OR – Send a copy of the patient's prescription/insurance cards (front & back)					
Primary Insurance: City, State, Zip:			BIN: PCN:		
Plan #:			City, State, Zip:		
Group #:			Group #:		
Phone:			Phone:		
CLINICAL INFORMATION					
			□D81.9 SCID (unspecified)		
□ G35 MS (Relapsing Remitting)			□G61.0 GBS		
□ G61.89 MMN			□G70.01 MG W/ acute exacerbation		
☐ M33.90 Dermatomyositis			□D83.9 Common Variable Immunodeficiency		
□ Other Code:	Description:		□M33.20 Polymyositis		
Needs by date:	Ship to: ☐ Patient ☐ Office ☐ Other:				
(DRUG NAME) ORDERS – this section may not be needed)					
Medication	Route	Dose	Directions	Quantity	Refills
Immune Globulin Brand (any):	□IV□SC□IM	grams g/kg	IV or Subgm once daily fordays Repeat every _week for total of		
☐ Dispense as written	_	_	Course/Courses		- 611
Pre- Medications	Route	Dose	Directions	Quantity	Refills
☐ Acetaminophen	□PO	□325 mg □500 mg □mg	U	·	
□ Diphenhydramine	□ PO □IM □IV	□ 25 mg □ 50 mg	□Pre-Med: □PRN Reaction:	☐ w/ ea. Infusion	
☐ Methylprednisone					
☐ Odansetron					
☐ Reglan					
☐ Other					
Flush	Route	Dose	Directions	Quantity W/ ea. Infusion	Refills
☐ Saline 10mL	□IV	□ 3mL □ 5 mL □	☐ Before and after infusion ☐		
☐ Heparin 10 units/mL ☐ Heparin 100 units/mL	□IV	□ 3mL □ 5 mL □	☐ After infusion ☐	□w/ ea. Infusion	
Anaphylaxis	Route	Dose	Directions	Quantity	Refills
☐ Diphenhydramine		□ 25 mg □ 50 mg □	□ Pre-med:	☐ w/ ea. Infusion	
☐ Epinephrine	□ IM □ SQ	☐ Adult: 1:1000 0.3 mL ☐ Peds 1:2000 0.3 mL	☐ PRN Anaphylaxis ☐ Repeating Dose:	☐ Once	
☐ EpiPen (2 pack)	□ IM □ SQ				
☐ Other					
Vascular Access Method: Peripheral Central Other					
SIGNATURE					
X Date:					
Prescriber Signature					

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