



Outpatient Infusion Center
IVIG Order

Please fax form to: 580-585-5472

Patient Information

Patient Name: DOB: Phone: Gender: M F
Patient Address: Email: Insurance:

Additional Information Needed

- Fax front/back of insurance card
Fax patient demographics
Fax clinical/progress notes
Fax current medication list
Fax labs
Fax TB and Hep B results

Diagnosis and Clinical Information

Diagnosis (ICD-10):

- D69.3 Immune Thrombocytopenic Purpura
D80.9 Immunodeficiency with predominately Antipdy Defects, Unspecified
D81.9 Combined Immunodeficiency, Unspecified
D83.9 Common Variable Immunodeficiency, Unspecified
G61.81 Chronic Inflammatory Demyelinating Polyneuritis
D61.82 Multifocal Motor Neuropathy
Other: DX:

Clinical Information:

- New Therapy Induction
Patient Weight: lbs/ kg
Allergies:
Therapies Tried and Failed:
TB Test: Date: Results:
Does the patient have venous access? Yes or No

Lab Orders

- CBC w/o diff
CMP
ESR
CRP
HBsAg
HBsAB
HbCAB
Quantiferon Gold
Other:

Lab Orders to be done by

- Infusion Services
Referring Provider

Prescription Information

- Gammagard Liquid 10%
Privenen 10%
Other
Medication:
Dose:
Frequency:
Initial Dose: 2g/kg in divided doses over consecutive days
Maintenance Dose: 1g/kg in infusions on consecutive days, every 3 weeks

Misc Orders

- PICC/Midline/CAD dressing to be changed every 7 days
Flushes
10mL NS Flush Syringe PRN
Heparin 500units/5mL Flush Syringe PRN
50ml NS Bag PRN
250ml NS Bag PRN

Standing Orders for Adverse Reaction

- Stop infusion and initiate NS bolus
Notify Supervising physician and ordering provider
Solu-Cortef 100mg SIVP signs of adverse reaction
Benadryl 25 mg SIVP for hives or bronchial inflammation
Epi 1:1000 1mL IM, IV or SQ for anaphylaxis
Oxygen 2-5L nasal cannula
Albuterol 2.5mg inhaled PRN to chest tightness
Other:

Prescriber Information

Physician Name: Official Contact Name:
Contact #: Fax Number:
Address: City/State/Zip:
NPI#: DEA#: State License #:

Physician's Signature Date Time

