

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		
Insurance Plan			Plan ID #			Nurse/Key Contact		Phone/Pager	
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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