

Richmond
7110 Forest Ave, Suite 203
Richmond, VA 23226



Prince George
2025 Waterside Rd, Suite 100B
Prince George, VA 23875

Physician Order - IVIG (Intravenous Immune Globulin)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Phone Number:

REFERRAL STATUS
<input type="checkbox"/> New Referral <input type="checkbox"/> Dose/Frequency Change <input type="checkbox"/> Order Renewal

Location Preference (optional)
<input type="checkbox"/> Richmond <input type="checkbox"/> Prince George

* If patient has a central line, then the placement report, diagnostic imaging to confirm tip placement and date of last access are required *

DIAGNOSIS AND ICD-10 CODE
<input type="checkbox"/> Diagnosis: _____ ICD10 _____
**Please see the attached reference for a list of Medicare approved primary diagnosis codes.

REQUIRED DOCUMENTATION (must include)
<input type="checkbox"/> This signed order form by the provider <input type="checkbox"/> Clinical/Progress Notes
<input type="checkbox"/> Patient Demographics AND Insurance Information <input type="checkbox"/> Labs and Tests Supporting Primary Dx
<input type="checkbox"/> Serum Ab Titers to pneumococcus or tetanus/diphtheria, when applicable <input type="checkbox"/> IgG total and subclasses lab results, when applicable
<input type="checkbox"/> Patient currently receiving SAME therapy at _____ Last dose: _____
List Tried & Failed Therapies, including duration of treatment
1) _____ 3) _____
2) _____ 4) _____

MEDICATION ORDERS*
IVIG: Select medication preference Dose: _____ - this field is required, please check one -
<input type="checkbox"/> Octagam 5% <input type="checkbox"/> 0.4 g/kg
<input type="checkbox"/> Octagam 10% <input type="checkbox"/> 1 g/kg
<input type="checkbox"/> Bivigam 10% <input type="checkbox"/> 2 g/kg
<input type="checkbox"/> No Preference <input type="checkbox"/> Other: _____ g/kg
Initial Dosing <input type="checkbox"/> Infuse IV daily x _____ days
Maintenance Dosing <input type="checkbox"/> Infuse IV daily x _____ days every _____ weeks
Alternative Dosing <input type="checkbox"/> _____
Patient Weight: _____ kg or _____ lb Patient Height: _____ in
Duration: <input type="checkbox"/> x 6 months <input type="checkbox"/> x 1 year <input type="checkbox"/> doses _____

*For all weight-based therapies, Infusion Solutions will obtain/verify a patient's current weight within one week of dosing.

OPTIONAL PREMEDICATIONS and LAB ORDERS
<input type="checkbox"/> Acetaminophen 650mg PO prior to infusion
<input type="checkbox"/> Diphenhydramine 25mg PO or IV (patient preference) prior to infusion
<input type="checkbox"/> Methylprednisolone 40mg slow IVP prior to infusion
<input type="checkbox"/> IV Hydration: 250mL Normal Saline prior to infusion
<input type="checkbox"/> Other premed or lab order with frequency: _____

In the event of an infusion reaction or adverse event, our covering physician will be notified and appropriate medical care will be administered.

PRESCRIBER INFORMATION		
Prescriber Name:	NPI:	Contact:
Phone:	Fax:	Email:
Prescriber Signature:	Date:	

Contact us with questions at: 804-442-3558 or email referrals@theinfusionsolution.com

Fax completed form and ALL required documentation to 804-554-5848

All information contained in this form is strictly confidential and will become part of the patient's record.

Diagnosis and ICD10 Codes - For Reference Only, please indicate the appropriate code on the Order Form	
<p>B25.0 Cytomegaloviral pneumonitis B25.1 Cytomegaloviral hepatitis B25.2 Cytomegaloviral pancreatitis B25.8 Other cytomegaloviral diseases C90.00 Multiple myeloma w/o remission C90.02 Multiple Myeloma in relapse C91.10 Chronic lymphocytic leukemia of B-cell type w/o remission C91.12 Chronic lymphocytic leukemia of B-cell type in relapse D59.0 Drug-induced autoimmune hemolytic anemia D59.1 Other autoimmune hemolytic anemias D69.3 Immune thrombocytopenic purpura D69.42 Congenital and hereditary thrombocytopenia purpura D69.49 Other primary thrombocytopenia D80.0 Hereditary hypogammaglobulinemia D80.1 Nonfamilial hypogammaglobulinemia D80.5 Immunodeficiency with increased immunoglobulin M (IgM) D81.0 Severe combined immunodeficiency w/ reticular dysgenesis D81.1 Severe combined immunodeficiency w/ low T- and B- cells D81.2 Severe combined immunodeficiency w/ low or normal B-cells D81.6 Major histocompatibility complex class I deficiency D81.7 Major histocompatibility complex class II deficiency D81.89 Other combined immunodeficiencies D81.9 Combined immunodeficiency, unspecified D82.0 Wiskott-Aldrich syndrome D83.0 Common variable immunodeficiency w/ predominant abnormalities of B-cell numbers and function D83.2 Common variable immunodeficiency w/ autoantibodies to B- or T- cells D83.8 Other common variable immunodeficiencies D83.9 Common variable immunodeficiency, unspecified G25.82 Stiff-man syndrome G35 Multiple Sclerosis G60.3 Idiopathic progressive neuropathy G61.0 Guillain-Barre syndrome G61.82 Multifactor motor neuropathy G65.0 Sequelae of Guillain-Barre syndrome G70.00 Myasthenia gravis w/o exacerbation G70.01 Myasthenia gravis w/ exacerbation G70.81 Lambert-Eaton syndrome in disease classified elsewhere G73.1 Lambert-Eaton syndrome in neoplastic disease G73.3 Myasthenic syndromes in other diseases classified elsewhere M30.3 Mucocutaneous lymph node syndrome (Kawasaki) M31.1 Thrombotic microangiopathy M33.00 Juvenile dermatomyositis, organ involvement unspecified M33.01 Juvenile dermatomyositis with respiratory involvement M33.02 Juvenile dermatomyositis with myopathy M33.09 Juvenile dermatomyositis with other organ involvement M33.10 Other dermatomyositis, organ involvement unspecified M33.11 Other dermatomyositis with respiratory involvement M33.12 Other dermatomyositis with myopathy M33.19 Other dermatomyositis with other organ involvement M33.20 Polymyositis, organ involvement unspecified M33.21 Polymyositis with respiratory involvement M33.22 Polymyositis with myopathy M33.29 Polymyositis with other organ involvement</p>	<p>M33.90 Dermatopolymyositis, unspecified, organ involvement unspecified M33.91 Dermatopolymyositis, unspecified with respiratory involvement M33.92 Dermatopolymyositis, unspecified with myopathy M33.99 Dermatopolymyositis, unspecified with other organ involvement M34.83 Systemic Sclerosis with polyneuropathy M36.0 Dermato(poly)myositis in neoplastic disease T86.01 Bone marrow transplant rejection T86.02 Bone marrow transplant failure T86.09 Other complications of bone marrow transplant T86.11 Kidney transplant rejection T86.12 Kidney transplant failure T86.19 Other complication of kidney transplant T86.21 Heart transplant rejection T86.22 Heart transplant failure T86.298 Other complications of heart transplant T86.5 Complications of stem cell transplant Z48.21 Encounter for aftercare following heart transplant Z48.22 Encounter for aftercare following kidney transplant Z76.82 Awaiting organ transplant status Z86.19 Personal history of other infectious and parasitic diseases Z87.01 Personal history of pneumonia (recurrent) Z94.0 Kidney transplant status Z94.1 Heart transplant status Z94.81 Bone marrow transplant status Z94.84 Stem cells transplant status</p>