InfuseAble Care
INFUSION SUITES & IMMEDIATE CARE SERVICES

Patient Name
DOB
Address
Cell Phone

IMMUNE GLOBULIN (IVIG, Gamunex-C, Octagam)

Status	☐ New Therapy ☐ Order Renewal ☐ Dosage or Frequency Change
Diagnosis	☐ ICD 10: D80.__ Hypogammaglobulinemia ☐ ICD 10: D83.__ Common Variable Immunodeficiency ☐ ICD 10: G70.__ Myasthenia Gravis (MG) ☐ ICD 10: G61.81 CIDP ☐ ICD 10: D69.3 ITP ☐ ICD 10: G61.0 Guillian-Barre ☐ ICD 10 Code: ______ Other: ________________________
Pertinent Medical Hx	Patient's weight (most recent): ___________ lbs / kg (circle one) Patient's height: _______________ inches
Labs	Labs to be drawn by: ☐ Infusion Clinic ☐ Referring Physician If Infusion Clinic: __________________________
Premeds	☐ No premeds necessary ☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO ☐ cetirizine (Zyrtec) 10mg PO - ***OR*** - ☐ diphenhydramine (Benadryl) 25mg PO ☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV ☐ other: ___________
IV Fluids	☐ NS TKO ☐ Other: ____________
Medication Order	Drug: ☐ Gamunex-C (*preferred*) - ***OR*** - ☐ Octagam ☐ Other: ___________ Dose: ☐ Weight-based: __________ g/kg - ***OR*** - ☐ Flat dose: __________ grams Ideal Body Weight (IBW) may be used to dose weight-based IVIG. Adjusted Body Weight will be used when Actual Body Weight (ABW) > 130% of IBW. All doses will be rounded up to nearest 5g. Frequency: ☐ Once ☐ Every ____weeks ☐ Other: ____________________ Rate: According to package insert, per drug. Refills: ☐ x 1 year ☐ x ______doses ☐ No refills; give this dose only.
Monitoring	Monitor for signs/symptoms of hypersensitivity during infusion and 15 mins post-infusion. For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.
Additional Orders	
Physician Information	Physician Name ______________________ NPI _____________ Office Contact ______________________ Phone _____________ **Provider Signature:** ______________________ Date _____________

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REQUIRED DOCUMENTATION		
o Patient Demographics & **Insurance** Information:	– Copy of patient's insurance card – front and back	FAX to (480) 400-6121 Intake Specialist (480) 927-3800 **referral@infuseablecare.com**
o **Clinical / Progress Notes**, supporting primary diagnosis:	– 2 most recent office notes – Medication history	
o Most Recent **Labs**:	– CMP and CBC – IgG level (for immunodeficient patients)	