

**PATIENT INFORMATION**
**PATIENT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SEX:** ☐ M ☐ F **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ ☐ LBS ☐ KG

**ALLERGIES:** \_\_\_\_\_ **PREFERRED CLINIC:** \_\_\_\_\_

**REFERRAL STATUS:** ☐ NEW REFERRAL ☐ ORDER CHANGE ☐ ORDER RENEWAL

**DIAGNOSIS & CLINICAL DOCUMENTATION**
**\*PLEASE COMPLETE ICD-10 FOR SPECIFIC DIAGNOSIS**
☐ D69.3 Immune Thrombocytopenic Purpura (ITP)

☐ G70.00 Myasthenia Gravis w/o acute exacerbation

☐ D80.\_\_\_\_ Hypogammaglobulinemia

☐ G70.01 Myasthenia Gravis with acute exacerbation

☐ D83.\_\_\_\_ Common Variable Immune Deficiency

☐ M33.2\_\_\_\_ Polymyositis

☐ G61.0 Guillain Barre Syndrome

☐ M33.9\_\_\_\_ Dermatopolymyositis

☐ G61.81 Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

☐ ICD-10 CODE: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

**REQUIRED DOCUMENTATION**
☐ Insurance Information

☐ List of Medications

☐ Most recent History & Physical

☐ Recent Labs & IG Levels

**MEDICATION ORDER**
**\*Product selection based according to availability & payor guidelines**

To restrict substitution, indicate required brand here: \_\_\_\_\_

**Intravenous Immune Globulin (IVIG) per protocol**

\_\_\_\_\_ gm/day **OR** \_\_\_\_\_ gm/kg/day IV

☐ Single Dose

☐ Daily x \_\_\_\_\_ days (1 cycle)

☐ Repeat dose/cycle every \_\_\_\_\_ weeks

☐ **OTHER:** \_\_\_\_\_

**\*Dosing rounded 5 gm for adults & 1gm for pediatrics to minimize drug waste**
**LAB ORDERS**
**LAB:** \_\_\_\_\_ **FREQUENCY:** \_\_\_\_\_

☒ **REFILL X 12 MONTHS UNLESS OTHERWISE NOTED HERE:** \_\_\_\_\_

Patient to be observed for 30 minutes following the first infusion.

In the event of an adverse reaction occurring in the infusion clinic, utilize the Immersiv Health adverse reaction protocol.

**PRESCRIBER INFORMATION**
**PROVIDER NAME:** \_\_\_\_\_ **NPI #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**ADDRESS (INCLUDE CITY, STATE, ZIP):** \_\_\_\_\_

**SUPERVISING PHYSICIAN:** \_\_\_\_\_ **CONTACT NAME:** \_\_\_\_\_  
(IF APPLICABLE)
**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(NO STAMPS)

SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN