

Phone: Fax:

City/State/Zip: Email:				
Immunoglobulin Referral Form				
Patient Name		Home Phone		
Date of Birth		Mobile or Work Phone		
Patient Home Address		City	State	Zip
Primary Insurance Name				
Primary Insurance ID	Primary Insurance Group			
Insured Name		Insured DOB		
Secondary Insurance Name		Insurance ID Insurance Group		
Secondary Insurance ID		Secondary Insurance Group		
Ordering Physician's Name		NPI		
Address		City State Zip		Zin
Phone				
Please fax the following information: History and Physical Pertinent Lab Work Front & Back copy(s) of patient's insurance card(s)				
Prescription				
Intravenous Immunoglobulin	Subcutaneous Immunoglobulin			
0.4 gm/kg 1 gm/kg 2 gm/kg grams	Infuse grams OR mls using sites			
Infuse: IV daily x day(s); repeat every week(s) x cyr Other:	time(s) per week for months.			
Hydration order: mls NSiv to be infused prior/post IVIG.				
Pre-medications: Acetaminophen 650mg PO 30 mins prior to infusion Other Pre-medications:				
Diphenhydramine 25mg PO 30 mins prior to infusion				
Clinical Information				
Patient Weight Height Allergies				
IV access [for IVIGg patients only]: Nurse to place PIV prior to therapy				
Diagnosis	ICD-10 Diagnosis		ICD-10	
Neuromuscular:		Immune Deficiency:		
Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) Guillain-Barre Syndrome (GBS)	G61.81 G61.0	CVID w/ Predominant Immunoregulatory T-Cell Disorders Combined Immunodeficiency, Unspecified		D83.1 D81.9
Multifocal Motor Neuropathy		Common variable Immunodeficiency, Unspecified		D83.9
Myasthenia Gravis (MG)		Hereditary Hypogammaglobulinemia		D80.0
Myasthenia Gravis with (Acute) Exacerbation G70		Immunodeficiency with Increased IgM		D80.5
Autoimmune Encephalopathy GC Inflammatory Neuropathies G6		Nonfamilial Hypogammaglobulinemia		D80.1 D81.89
Inflammatory Neuropathies G6 Relapsing Remitting Multiple Sclerosis (RRMS) G		Other Combined Immunodeficiencies Other Common Variable Immunodeficiencies		D81.89
Stiff Person Syndrome G25		Pemphigoid		L12.0
Other:		Pemphigus		L10.9
Idiopathic Thrombocytopenic Purpura D69		SCID with Low or Normal B-Cell Numbers		D81.2
Dermatopolymyositis M33.		SCID with T- and B- Cell Numbers		D81.1
Polymyositis	M33.20	Selective Deficiency of IgG Subclasses		D80.3
		Specific Antibody Deficiency Systemic Lupus Erythematosus (SLE)		D80.6 M32.9
				M32. <del>7</del>
Please Draw:	Anaphylaxis Protocol:			
CBC/diff CMP IgG w/ subclasses 1-4 Quant. Ig		PER Pharmacy Protocol		
		PER Prescriber Protocol:		
Notes:				
Flushing Protocol:				
PER Pharmacy Protocol				
PER Prescriber Protocol:				
l authorize Vital Care Infusion Services LLC and its representatives to initiate any insurance prior authorization process that is required for this prescription and for any future refills of the same prescription for the patient listed above which				
that is required for this prescription and for any future refills of the same prescription for the patient listed above which I order. I understand that I can revoke this designation at any time by providing written notice to Vital Care.				

Not a valid prescription in Arizona

## PRESCRIBER MUST MANUALLY SIGN - STAMP SIGNATURE, SIGNATURE BY OTHER PERSONNEL AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED

The attached document(s) contain confidential information which may be considered to be Protected Health Information and therefore required to be maintained as private and secure under HIPAA. The documents may also contain information which is otherwise considered to be privileged under state and federal laws. This communication is for the intended recipient only. If you are not the intended recipient, or a person responsible for delivering this communication to the intended recipient, you are private and secure under HIPAA. The documents may subject you to monetary penalties and sanctions. If you have received this communication in error, you should notify the sender immediately and thereafter permanently destroy all copies of the information discourses of the information in error.

document in its entirety. This form is not considered an order or prescription for medical services and/or supplies unless and until it is formally authorized by a healthcare provider in compliance with applicable laws and regulations.