Los Angeles, CA
2080 Century Park East
Suite 710
Los Angeles, CA 90067

ThrIVewell INFUSION WEST
Office: 310-481-9944 Fax : 310-766-7001

MMI

(intravenous immunoglobulin)

IVIG infusion order

Date: _____

Gamunex (10%), Gammagard (10%), Gammaked, Gammaplex 10%), Panzyga (10%), Privigen (10%), Octagam,

Patient Name _____ DOB _____

Phone _____ M ○ F ○

○ Allergies _____

NPI _____ Tax ID _____

Insurance Carrier (primary) _____

Insurance Carrier (secondary) _____

REFERRAL STATUS

- ☐ New Prescription
- ☐ Order Renewal
- ☐ Does or Frequency Change
- ☐ Discontinuation

*DIAGNOSIS *Please provide ICD-10 code*

- ☐ _____ Primary Immunodeficiency (PI)
- ☐ _____ Idiopathic Thrombocytopenic Purpura (ITP)
- ☐ _____ Multifocal Motor Neuropathy (MMN)
- ☐ _____ Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
- ☐ _____ Myasthenia Gravis
- ☐ _____ Hypogammaglobulinemia
- ☐ _____ _____ *(other)*

PRE-MEDICATION

- ☐ Tylenol 1000mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Cetirizine 10mg PO
- ☐ _____ *(other)*
- ☐ Solu-Medrol 125mg IVP
- ☐ Diphenhydramine 25mg IVP
- ☐ Solu-Cortef 100mg IVP
- ☐ _____ *(other)*

IVIG ORDERS

BRAND

- ○ Gamunex (10%)
- ○ Gammagard (10%)
- ○ Privigen (10%)
- ○ Panzyga (10%)
- ○ Octagam (10%)
- ○ Gammaked (10%)
- ○ Gammaplex (10%)
- ○ IV _____

DOSAGE

- ○ _____ gm per day
- ○ _____ mg/kg over
- ○ Other_____

X ____ days

FREQUENCY

- ○ every _____ weeks
- ○ one-time dose/treatment
- ○ Other_____

PATIENT WEIGHT

_____ lbs.

_____ kg

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____