Princeton / Somerset New Jersey
49 Veronica Avenue
Suite 202
Somerset, NJ 08873

ThrIVewell INFUSION
Office: 212-803-3339 Fax : 646-768-8600

REJUVEINATE

(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%) ◯ Privigen (10%) ◯ Octagam (10%) ◯ Gammaplex (10%)
◯ Gammagard (10%) ◯ Panzyga (10%) ◯ Gammaked (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 _____