

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

Long Branch  
422 Morris Avenue  
Suite 7  
Long branch, NJ 07740

Marlton  
127 Church Road  
Suite 600  
Marlton, NJ 08053



(intravenous immunoglobulin)

# IVIG

Infusion orders

Date: \_\_\_\_\_

## PATIENT INFORMATION

Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

## REFERRAL STATUS

New Referral    Referral Renewal    Medication/Order Change    Benefits Verification Only    Discontinuation Order

## PHYSICIAN INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:
Ordering Provider:	Provider NPI:
Referring Practice Name:	Phone: _____ Fax: _____
Practice Address:	City: _____ State: _____ Zip Code: _____

### 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
- Solu-Medrol 125mg IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP

\_\_\_\_\_ (other)

\_\_\_\_\_ (other)

### IVIG ORDERS

#### BRAND:

- Gamunex (10%)
- Gammagard (10%)
- Privigen (10%)
- Panzyga (10%)
- Octagam (10%)
- Gammaked (10%)
- Gammaplex (10%)
- IV \_\_\_\_\_

### PATIENT WEIGHT

\_\_\_\_\_ lbs.

\_\_\_\_\_ kg

#### DOSAGE:

- \_\_\_\_\_ gm per day   • x \_\_\_\_\_ days
- \_\_\_\_\_ mg/kg over
- Other \_\_\_\_\_

#### Frequency:

- every \_\_\_\_\_ weeks
- one-time dose/treatment
- Other \_\_\_\_\_

### NOTES/ADDITIONAL COMMENTS:

## ORDERING PROVIDER

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_