



Infusion for Health  
 77 Rolling Oaks Drive, Suite 201  
 Thousand Oaks, CA 91361  
 Phone: 805-719-3700 Fax: 805-852-2636

**IVIG INFUSION ORDER**  
**(OCTAGAM)**

**\*\*Please fax a copy of patient's demographics, insurance information, current lab results, H&P relevant to the diagnosis & Rx, and current medications.**

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

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Allergies: \_\_\_\_\_ Wt: \_\_\_\_\_ lbs / kg Ht: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-10: \_\_\_\_\_

PRE-MEDICATIONS: Benadryl  PO  IV  25mg  50mg  Pre med  PRN  
 Acetaminophen  PO  650mg  Pre med  PRN  
 Zyrtec  PO  10mg  Pre med  PRN  
 Solu-Medrol  IV \_\_\_\_\_ mg  Pre med  PRN

<b><u>Octagam IV Dosage:</u></b>	
5% Immunoglobulin solution ( _____ gm/kg): = _____ gm	
10% Immunoglobulin solution ( _____ gm/kg): = _____ gm	
Frequency: _____	Duration: _____
Start date: ___/___/___	

Printed Provider's Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Office phone number: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office address: \_\_\_\_\_ Contact person: \_\_\_\_\_