IVIG 10%

Asceniv, Gamunex, Gammagard, Privigen, Bivigam, Octagam, Flebogamma, Gammaplex, Panzyga

INFUSION FOR HEALTH
InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: _____ Treatment Location: _____

☐ Home Infusion

PROVIDERS: Please include the following to expedite the order. Most Recent Office Visit Note, Insurance Info, Medication List
IgG level and trough, CBC, CMP, coagulopathy results, renal function lab tests within last 30 days

PATIENT INFORMATION

Patient Name: _____

Patient Contact Number: _____

DOB: _____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: ☐ D80.9 ☐ D89.9 ☐ D83.9 ☐ D80.0 ☐ D82.0

Other Dx/ICD10: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

Pre-Medications: No pre-medications indicated.

☐ No Premeds

Center will use Hypersensitivity protocol established by Infusion for Health and P.I

DOSAGE

Date of Last Treatment, If Continuation:

Administer _____ **grams/kg** **Route:** ☐ IV ☐ SQ

frequency: _____

To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.

LAB ORDERS

☐ CMP/BMP (serum creatinine, BUN), IgA/IgG levels ☐ Other: _____

Frequency: ☐ Prior to first infusion ☐ Before every infusion ☐ Other: _____

☐ Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

☐ Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.

Revised 04/29/24