

1935 W. State Street STE 103 Garland, TX 75042

Ph: 972-372-7987 Fx: 972-787-1492

IVIG INFUSION REFERRAL FORM

PATIENT INFORMATION					
Name:		DOB:			
Allergies:		Patient Weight:	kg	lbs	
DIACNOSIS AND ICD 10 CODE					
DIAGNOSIS AND ICD 10 CODE					
☐ CIDP	ICD 10 Code:				
Guillain-Barre syndrome ICD 10 Code:		☐ MMN	ICD 10 Code:		
☐ Myasthenia Gr	ravis ICD 10 Code:	□ Other	ICD 10 Code:		
REQUIRED DOCUMENTATION					
	der form by the provider	☐ Clinical/Progress notes			
	graphics and Insurance Card	☐ Labs and EDX to supporting primary diagnosis			
	subclass test results, when applicable	☐ First Dose -or- ☐ Last given dose:			
List Tried & Failed Therapies, including duration of treatment: 1) 2) 3) PA Guidance: CIDP- sensory impairment of more than one limb for at least 2 months. EDX finding showing motor distal latency, motor conduction velocity, prolongation or absence of F-waves. Max 2gm/kg/mo; GBS- Requiring aid to walk, onset of Sx within last four weeks, Max dose: 2gm/kg/mo x 3 months. MG/MS/MMS- contact pharmacy for info.					
ORDERS					
Dosing □ IVIG 1gm/kg IV everyweeks □ Tylenol 650mg PO					
	☐ IVIG 2gm/kg IV everyweeks				
	☐ Other				
	□ NaCl 0.9%ml IV □ Pre and/or □ Post IVIG				
Infusion orders	Ifusion orders RN to start, pause, or discontinue peripheral or central venus access device as needed Flush IV line with 10-20ml saline before and after each medication dose or as needed Flush PORT or Central Line with 500u/5ml Heparin as FINAL flush or as needed Dispense DME pump with all necessary supplies for home infusion				
Anaphylaxis kit per pharmacy protocol (IM .3mg Epinephrine, IV 50mg Diphenhydramine, and IV 1L 0.9% NS)					
Refills:					
PRESCRIBER INFORMATION					
Prescriber Name:			NPI#:		
Office Phone: Office Fax:			Office Email:		
Prescriber Signature:			Date:		

By signing, I authorize Texas Infusion to act as an agent to initiate and execute the insurance authorization process for this prescription and any future fills of the same prescription for the patient listed above. I understand that I can revoke this designation at any time in writing via email to pharmacy@texasinfusion.com