

Locations: Nashville, Clarksville

Bowling Green, Russellville, Smiths Grove Elizabethtown, Radcliff, Louisville

Fax: 931-241-5654. Phone: 931-241-5655

Immunoglobulin Referral Form				
Patient Name		Home Phone		
Date of Birth		Mobile or Work Phone		
Patient Home Address		City State Z	ip	
Primary Insurance Name				
Primary Insurance ID	Primary Insurance Group			
Insured Name		Insured DOB		
Secondary Insurance Name		Insurance ID Insurance Group	Insurance Group	
Secondary Insurance ID		Secondary Insurance Group		
Ordering Physician's Name		NPI		
Address		City State Z	ip	
Phone		Fax		
Please fax the following information: History and Physical Pertinent Lab Work Front & Back copy(s) of patient's insurance card(s)				
Prescription Prescription				
Intravenous Immunoglobulin Subcutaneous Immunoglobulin				
0.4 gm/kg 1 gm/kg 2 gm/kg grams		Infuse grams OR mls using sites		
Infuse: IV daily x day(s); repeat every week(s) x cy Other:	time(s) per week for months.			
Hydration order: mls NSiv to be infused prior/post IVIG.				
Pre-medications: Acetaminophen 650mg PO 30 mins prior to infusion Other Pre-medications: Diphenhydramine 25mg PO 30 mins prior to infusion				
Clinical Information				
Patient Weight Height		Allergies		
IV access [for IVIGg patients only]: Nurse to place PIV prior to therapy				
Diagnosis	ICD-10	Diagnosis	ICD-10	
Neuromuscular:	102.10	Immune Deficiency:	102 10	
Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	G61.81	CVID w/ Predominant Immunoregulatory T-Cell Disorders	D83.1	
Guillain-Barre Syndrome (GBS) Multifocal Motor Neuropathy	G61.0 G61.82	Combined Immunodeficiency, Unspecified Common variable Immunodeficiency, Unspecified	D81.9 D83.9	
Myasthenia Gravis (MG)	G70.0	Hereditary Hypogammaglobulinemia	D80.0	
Myasthenia Gravis with (Acute) Exacerbation	G70.01	Immunodeficiency with Increased IgM	D80.5	
Autoimmune Encephalopathy	G04.81	Nonfamilial Hypogammaglobulinemia	D80.1	
Inflammatory Neuropathies	G61.89	Other Combined Immunodeficiencies	D81.89	
Relapsing Remitting Multiple Sclerosis (RRMS)	G35	Other Common Variable Immunodeficiencies	D83.9	
Stiff Person Syndrome Other:	G25.82	Pemphiguis Pemphiguis	L12.0 L10.9	
Idiopathic Thrombocytopenic Purpura	D69.3	Pemphigus SCID with Low or Normal B-Cell Numbers	D81.2	
Dermatopolymyositis	M33.90	SCID with T- and B- Cell Numbers	D81.1	
Polymyositis	M33.20	Selective Deficiency of IgG Subclasses	D80.3	
		Specific Antibody Deficiency	D80.6	
		Systemic Lupus Erythematosus (SLE)	M32.9	
Please Draw:	Anaphylaxis Protocol:			
CBC/diff CMP IgG w/ subclasses 1-4 Quant. Ig		PER Pharmacy Protocol		
Frequency:		PER Prescriber Protocol:	-	
Notes: Flushing Protocol:				
PER Pharmacy Protocol				
	Protocol:			
I authorize Vital Care Infusion Services LLC and its representatives to initiate any insurance prior authorization process that is required for this prescription and for any future refills of the same prescription for the patient listed above which lorder. I understand that I can revoke this designation at any time by providing written notice to Vital Care. Date:				

PRESCRIBER MUST MANUALLY SIGN - STAMP SIGNATURE, SIGNATURE BY OTHER PERSONNEL AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED

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