

IG THERAPY REFERRAL FORM

Phone (877)794.9833 Fax (855)370.0086
215 10th Street, Suite 110 Des Moines, IA 50309

Pharmacy
SOLUTIONS

Patient Information				PLEASE FAX INSURANCE CARD (FRONT AND BACK)				Prescriber Information			
Last Name		First Name		DOB		Practice/Facility Name					
Address						Address					
City		State		ZIP		City		State		ZIP	
Phone			SSN			Prescriber Name					
Allergies						Latex Allergy		Yes		No	
Sex		Male	Female	Weight (kg)		Height (ft,in)		Prescriber NPI		Nurse/Key Contact	
Insurance Plan				Plan ID #		Phone/Pager		Fax			
						Email					

Diagnosis and Clinical Information	
Diagnosis (ICD-10): D80.0 Congenital Hypogammaglobulinemia D81.9 SCID (Unspecified) D83.9 Common Variable Immunodeficiency G35 MS (Relapsing Remitting) G61.0 GBS Other Code: _____ Description: _____	Patient Clinical Information: Height: _____ in/cm Weight: _____ lb/kg Allergies: _____ Needs by Date: _____ Ship to Patient Office Other: _____ Lab Orders: _____ Nursing: Please arrange nursing administration Patient may be taught to self-infuse

Prescription Information					
Medication	Route	Dose/Strength	Directions	Quantity	Refills
Immune Globulin	SC	_____ grams		1 Month	1 year
	IV	_____ grams		3 Months	_____
	IM	_____ grams		_____	_____
Normal Saline D5W	IV	3 mL	Before and after infusion	1 Month	1 year
		5 mL		3 Months	
Heparin 10 units/mL Heparin 100 units/mL	IV	3 mL	After Infusion	1 Month	1 year
		5 mL		3 Months	
Diphenhydramine	PO	25 mg	After Infusion PRN Allergic Reaction: _____	With each infusion	1 year
	IV	50 mg			
	IM	_____			
Acetaminophen	PO	325 mg 500 mg	Pre-Med: _____	With each infusion	1 year
		650 mg 1 gm			
Epinephrine	IM	Adult 1:1000, 0.3mL (>30kg/>66lbs)	PRN Anaphylaxis Repeating Dose: _____	Once	1 year
	SQ	Peds 1:2000, 0.3mL (15-30kg/33-66lbs)			
Other: _____					
Vascular Access Method:	peripheral central other: _____				

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state-specific required language to prohibit substitution: _____

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state-specific required language to prohibit substitution:

PRODUCT SUBSTITUTION PERMITTED/Brand exchange permitted (date)

DISPENSE AS WRITTEN/Do Not Substitute (date)

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