Richmond
7110 Forest Ave, Suite 203
Richmond, VA 23226

INFUSION SOLUTIONS

Prince George
2025 Waterside Rd, Suite 100B
Prince George, VA 23875

Physician Order - IVIG (Intravenous Immune Globulin)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Phone Number:

REFERRAL STATUS
☐ New Referral ☐ Dose/Frequency Change ☐ Order Renewal

Location Preference (optional)
☐ Richmond ☐ Prince George

* If patient has a central line, then the placement report, diagnostic imaging to confirm tip placement and date of last access are required *

DIAGNOSIS AND ICD-10 CODE
☐ Diagnosis: _____ ICD10 _____
**Please see the attached reference for a list of Medicare approved primary diagnosis codes.

REQUIRED DOCUMENTATION (must include)	
☐ This signed order form by the provider	☐ Clinical/Progress Notes
☐ Patient Demographics AND Insurance Information	☐ Labs and Tests Supporting Primary Dx
☐ Serum Ab Titers to pneumococcus or tetanus/diphtheria, when applicable	☐ IgG total and subclasses lab results, when applicable
☐ Patient currently receiving SAME therapy at _____ Last dose: _____	
List Tried & Failed Therapies, including duration of treatment	
1)	3)
2)	4)

MEDICATION ORDERS*		
IVIG: Select medication preference	Dose:	- this field is required, please check one -
☐ Octagam 5%	☐ 0.4 g/kg	
☐ Octagam 10%	☐ 1 g/kg	
☐ Bivigam 10%	☐ 2 g/kg	
☐ No Preference	☐ Other: ____ g/kg	
Initial Dosing	☐ Infuse IV daily x ____ days	
Maintenance Dosing	☐ Infuse IV daily x ____ days every ____ weeks	
Alternative Dosing	☐ _____	
Patient Weight: _____ kg or _____ lb		Patient Height: _____ in
Duration: ☐ x 6 months ☐ x 1 year ☐ doses _____		

*For all weight-based therapies, Infusion Solutions will obtain/verify a patient's current weight within one week of dosing.

OPTIONAL PREMEDICATIONS and LAB ORDERS
☐ Acetaminophen 650mg PO prior to infusion
☐ Diphenhydramine 25mg PO or IV (patient preference) prior to infusion
☐ Methylprednisolone 40mg slow IVP prior to infusion
☐ IV Hydration: 250mL Normal Saline prior to infusion
☐ Other premed or lab order with frequency:_____

In the event of an infusion reaction or adverse event, our covering physician will be notified and appropriate medical care will be administered.

PRESCRIBER INFORMATION		
Prescriber Name:	NPI:	Contact:
Phone:	Fax:	Email:
Prescriber Signature:		Date:

Contact us with questions at: 804-442-3558 or email referrals@theinfusionsolution.com
Fax completed form and ALL required documentation to 804-554-5848
All information contained in this form is strictly confidential and will become part of the patient's record.

INFUSION SOLUTIONS

Diagnosis and ICD10 Codes - For Reference Only, please indicate the appropriate code on the Order Form	
B25.0 Cytomegaloviral pneumonitis	M33.90 Dermatopolymyositis, unspecified, organ involvement unspecified
B25.1 Cytomegaloviral hepatitis	M33.91 Dermatopolymyositis, unspecified with respiratory involvement
B25.2 Cytomegaloviral pancreatitis	M33.92 Dermatopolymyositis, unspecified with myopathy
B25.8 Other cytomegalorviral diseases	M33.99 Dermatopolymyositis, unspecified with other organ involvement
C90.00 Multiple myeloma w/o remission	M34.83 Systemic Sclerosis with polyneuropathy
C90.02 Multiple Meyloma in relapse	M36.0 Dermato(poly)myositis in neoplastic disease
C91.10 Chronic lymphocytic leukemia of B-cell type w/o remission	T86.01 Bone marrow transplant rejection
C91.12 Chronis lymphocytic leukemia of B-cell type in relapse	T86.02 Bone marrow transplant failure
D59.0 Drug-induced autoimmune hemolytic anemia	T86.09 Other complications of bone marrow transplant
D59.1 Other autoimmune hemolytic anemias	T86.11 Kidney transplant rejection
D69.3 Immune thrombocytopenic purpura	T86.12 Kidney transplant failure
D69.42 Congenital and hereditary thrombocytopenia purpura	T86.19 Other complication of kidney transplant
D69.49 Other primary thrombocytopenia	T86.21 Heart transplant rejection
D80.0 Hereditary hypogammaglobulinemia	T86.22 Hearth transplant failure
D80.1 Nonfamilial hypogammaglobulinemia	T86.298 Other complications of heart transplant
D80.5 Immunodeficiency with increased immunoglobulin M (IgM)	T86.5 Complications of stem cell transplant
D81.0 Severe combined immunodeficiency w/ reticular dysgenesis	Z48.21 Encounter for aftercare following heart transplant
D81.1 Severe combined immunodeficiency w/ low T- and B- cells	Z48.22 Encounter for aftercare following kidney transplant
D81.2 Severe combined immunodeficiency w/ low or normal B-cells	Z76.82 Awaiting organ transplant status
D81.6 Major histocompatibility complex class I deficiency	Z86.19 Personal history of other infectious and parasitic diseases
D81.7 Major histocompatibility complex class II deficiency	Z87.01 Personal history of pneumonia (recurrent)
D81.89 Other combined immunodeficiencies	Z94.0 Kidney transplant status
D81.9 Combined immunodeficiency, unspecified	Z94.1 Heart transplant status
D82.0 Wiskott-Aldrich syndrome	Z94.81 Bone marrow transplant status
D83.0 Common variable immunodeficiency w/ predominant abnormalities of B-cell numbers and function	Z94.84 Stem cells transplant status
D83.2 Common variable immunodeficiency w/ autoantibodies to B- or T- cells	
D83.8 Other common variable immunodeficiencies	
D83.9 Common variable immunodeficiency, unspecified	
G25.82 Stiff-man syndrome	
G35 Multiple Sclerosis	
G60.3 Idiopathic progressive neuropathy	
G61.0 Guillain-Barre syndrome	
G61.82 Multifactor motor neuropathy	
G65.0 Sequelae of Guillain-Barre syndrome	
G70.00 Myasthenia gravis w/o exacerbation	
G70.01 Myasthenia gravis w/ exacerbation	
G70.81 Lambert-Eaton syndrome in disease classified elsewhere	
G73.1 Lambert-Eaton syndrome in neoplastic disease	
G73.3 Myasthenic syndromes in other diseases classified elsewhere	
M30.3 Mucocutaneous lymph node syndrome (Kawasaki)	
M31.1 Thrombotic microangiopathy	
M33.00 Juvenile dermatomyositis, organ involvement unspecified	
M33.01 Juvenile dermatomyositis with respiratory involvement	
M33.02 Juvenile dermatomyositis with myopathy	
M33.09 Juvenile dermatomyositis with other organ involvement	
M33.10 Other dermatomyositis, organ involvement unspecified	
M33.11 Other dermatomyositis with respiratory involvement	
M33.12 Other dermatomyositis with myopathy	
M33.19 Other dermatomyositis with other organ involvement	
M33.20 Polymyositis, organ involvement unspecified	
M33.21 Polymyositis with respiratory involvement	
M33.22 Polymyositis with myopathy	
M33.29 Polymyositis with other organ involvement	