



ARISTACARE

IMMUNE GLOBULIN INFUSION REFERRAL FORM

Toll-Free (888) 404-6026 • Fax: (567) 806-3216

Today's Date

CURRENT PATIENT

NEW PATIENT

Patient Name, SS#, DOB, Height, Weight, Address, City, State, Zip, Daytime Tel, Cell, Email, Ship to Patient at, Medical History, Allergies, Current Medications

Diagnosis: D80.0 Hereditary Hypogammaglobulinemia, D81.5 Immune Deficiency with Increased IgM, D83.9 Common Variable Immunodeficiency, unspecified, D82.0 Wiskott Aldrich Syndrome, D81.9 Combined Immunodeficiency, unspecified, Other

Primary Insurance Company, Policy#, Group ID#, Policyholder Name, Rx BIN#, Rx PCN#, Policyholder DOB, Relation to Patient, Type, Secondary Insurance Company, Policy#, Group ID#, Policyholder Name, Rx BIN#, Rx PCN#, Policyholder DOB, Relation to Patient, Type

Prescriber's Name, Office Contact, Street Address, Suite#, City, State, Zip, Tel, Fax, Email, License#, NPI#, UPIN#, DEA#

PRESCRIPTION PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS AND HISTORY OF IG LABS

Is this the first dose? Yes No, Date of last infusion, Next dose due, If no, list product

ADMINISTER IVIG: gm/kg or grams every wk(s) for cycle(s), Rate per manufacturer recommendation, Other

ADMINISTER SQIg: IG grams each month given as doses, IG grams times per month, Administer SQIg using sites at a time, Repeat week(s), Other

PRE-MEDICATIONS: Diphenhydramine (Benadryl) 25-50 mg orally before infusion, Other, Acetaminophen (Tylenol) 325-650 mg orally before infusion

ADVERSE/ANAPHYLACTIC REACTIONS: PER INS STANDARDS CARE PROTOCOL, Adults or Children greater than 66 pounds or 30 kg, Note: Dosage adjustment necessary for children less than 30kg or 66 pounds

Nursing: Start PIV as required for administration and nurse to administer infusion in home, Access: Peripheral, PICC, Flushing: INS Standards Care Protocol (Heparin, 0.9% NaCl, D5W), Port, Lab Order(s): Other

By signing this form and utilizing our services, you are authorizing the pharmacy and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (signature required. NO STAMPS) Date

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