



ARISTACARE

IMMUNE GLOBULIN NEUROLOGY REFERRAL FORM

Phone (888) 860-8806 • Fax (315) 728-2650

Today's Date

CURRENT PATIENT

NEW PATIENT

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

Diagnosis: G61.0 Guillain-Barre Syndrome, G61.81 Chronic Inflammatory Demyelinating Polyneuropathy (CIDP), G61.9 Inflammatory Polyneuropathy, unspecified, G70.01 Myasthenia Gravis with (Acute) Exacerbation, M33.20 Polymyositis, organ involvement unspecified, G70.80 Lambert-Eaton Syndrome, unspecified, M36.0 Dermatomyositis, G25.82 Stiff-Person Syndrome, G35 Multiple Sclerosis (MS), Other

Primary Insurance Company, Policy#, Group ID#, Policyholder Name, Rx BIN#, Rx PCN#, Policyholder DOB, Relation to Patient, Type: HMO, PPO, PBM, Medicare, Medicaid, Secondary Insurance Company, Policy#, Group ID#, Policyholder Name, Rx BIN#, Rx PCN#, Policyholder DOB, Relation to Patient, Type: HMO, PPO, PBM, Medicare, Medicaid

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:

2 grams/kg over days, as a loading dose, then grams every wk(s) for cycle(s), gm/kg or grams every wk(s) for cycle(s), Rate per manufacturer recommendation, Other

PRE-MEDICATIONS

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

ADVERSE/ANAPHYLACTIC REACTIONS: PER INS STANDARDS CARE PROTOCOL

Adults or Children greater than 66 pounds or 30 kg: For mild reaction: give Diphenhydramine 50 mg orally, IM or IV and decrease the rate of infusion. For moderate reaction: stop infusion, give Diphenhydramine 50mg, orally, IM or IV and contact physician. For Severe reaction w/breathing problem: stop infusion, call 911, give Epinephrine 0.3mg/0.3ml subcutaneously, Diphenhydramine 50 mg IV or IM. Begin NS 0.9% NaCl 500ml IV at a rate of 100-150ml/hr and contact physician.

Note: Dosage adjustment necessary for children less than 30kg or 66 pounds: Diphenhydramine 1.25mg/kg orally, IM or IV with a maximum of 50mg. If Epinephrine is needed 0.15mg/0.15ml 1:1000 subcutaneously

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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