City Infusions

WWW.CITYINFUSIONS.COM
Phone: 703-375-9577 Fax: 703-839-9750

IVIG ORDER FORM

❑ Asceniv ❑ Bivigam ❑ Gammagard Liquid 10% ❑ Gamunex-C 10% ❑ Gammaplex 5% ❑ Gammaplex 10%
❑ Octagam 5% ❑ Octagam 10% ❑ Privigen ❑ Panzyga ❑ Qivigy
❑ **Dispense As Written (DAW)**
Will substitute for biosimilar or reference product based on insurance and availability

PATIENT INFORMATION

Patient Name: _____ DOB: _____
Mobile Number: _____ Patient Weight: _____kg
Allergies: _____
❑ Patient has known difficult venous access. Comments:_____

DIAGNOSIS (Provider must specify)

❑ Chronic Inflammatory Demyelinating Polyneuropathy, ICD 10:_____
❑ Primary Immunodeficiency, ICD 10:_____ ❑ Myasthenia Gravis, ICD 10:_____
❑ Other:_____

PROVIDER INFORMATION

Provider Name (print name): _____ Provider NPI:_____
Signature: _____ Date: _____
Contact Name: _____ Phone: _____ Fax: _____
Email Address: _____

Prerequisites to treatment – ensure the following information is complete and attached with referral:
❑ Demographics ❑ Labs and tests supporting diagnosis ❑ Office/progress notes

PRE-MEDICATION (Not typically indicated)

❑ Acetaminophen (Tylenol) 500 mg PO ❑ Famotidine 20 mg IV ❑ Methylprednisolone (Solu-Medrol) 125 mg IVP
❑ Benadryl 25mg PO ❑ Cetirizine (Zyrtec) 10 mg PO
❑ Other: _____ Dose: _____ Route: _____

MEDICATION

❑ IV ❑ SubQ City Infusions will identify clinically appropriate brand/infusion rates. May substitute based on patient's insurance and product availability.
All IVIG doses will be rounded to the nearest increment ending in 0 or 5 (e.g., 25 g, 30 g, 35 g) in accordance with institutional dosing guidelines.

Loading Dose (as applicable)	_____	❑ mg/kg ❑ gm/kg ❑ grams	x _____ day(s) OR divided over _____ days(s)	❑ One time dose ❑ Other: _____ *Give maintenance dose _____ days after loading dose*
Maintenance Dose	_____	❑ mg/kg ❑ gm/kg ❑ grams	x _____ day(s) OR divided over _____ days(s)	❑ Every _____ weeks x 1 year ❑ Other: _____

❑ New Start Therapy ❑ Continuation of Therapy Date of last dose (if applicable): _____

LABS / SPECIAL INSTRUCTIONS

Order valid for 1 year from date of signature unless otherwise specified here: _____