



6415 Fort Apache Road, Suite #175
 Las Vegas, NV 89148
 Phone: 702-665-5730
 Fax: 702-780-4887

IVIG (intravenous immunoglobulin) infusion orders

Patient Name: _____ Date of Birth: _____
 Address: _____ Phone Number: _____
 Gender: _____ Height: _____ Weight: _____ (lb./kg)

Diagnosis

- | | | |
|--|--|---|
| <input type="checkbox"/> Primary Immunodeficiency (PI) | <input type="checkbox"/> Multiple Sclerosis (MS) | <input type="checkbox"/> Chronic Inflammatory |
| <input type="checkbox"/> Myasthenia | <input type="checkbox"/> Idiopathic Thrombocytopenic | <input type="checkbox"/> Demyelinating Polyneuropathy |
| <input type="checkbox"/> Multifocal Motor Neuropathy | <input type="checkbox"/> Purpura | <input type="checkbox"/> Stiff Person Syndrome |
| <input type="checkbox"/> Guillain-Barre Syndrome | <input type="checkbox"/> Hypogammaglobulinemia | <input type="checkbox"/> _____ |

Pre-Medication

- | | |
|--|---|
| <input type="checkbox"/> Tylenol 1000mg PO | <input type="checkbox"/> Solu-Cortef 100mg IVP |
| <input type="checkbox"/> Cetirizine 10mg PO | <input type="checkbox"/> Diphenhydramine 25mg IVP |
| <input type="checkbox"/> Diphenhydramine 25mg PO | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Solu-Medrol 125 IVP | <input type="checkbox"/> _____ |

Orders

Brand			
<input type="checkbox"/> Gamunex (10%)	<input type="checkbox"/> Privigen (10%v)	<input type="checkbox"/> Octagam (10%)	<input type="checkbox"/> Gammaplex (10%)
<input type="checkbox"/> Gammagard (10%)	<input type="checkbox"/> Panzyga (10%)	<input type="checkbox"/> Gammaked (10%)	_____ %
Dosage			
<input type="checkbox"/> _____ g/kg per day for _____ days			
<input type="checkbox"/> _____ g/kg over _____ days			
Frequency			
<input type="checkbox"/> one time dose/treatment			
<input type="checkbox"/> every _____ weeks			
			_____ Refills

Notes

Ordering Provider

Signature: _____ Date: _____
 Provider: _____ Phone: _____ Fax: _____
 Address: _____
 NPI: _____ DEA: _____