IVIG Dermatology Referral Form
Fax: 844-635-5250

Patient Information:

Patient Name: _____ Address: _____ City: _____ State: ___ Zip: _____

Phone(day): _____ Phone (night): _____ DOB: _____

Rx Insurance: _____ ID #: _____ Group #: _____ Phone:_____

Medical Insurance: _____ ID #: _____ Group #: _____ Phone :_____

** Please include with referral the patient's updated **DEMOGRAPHICS PAGE**, **CLINICAL H&P** with **DIAGNOSIS** documented, **TRIED and FAILED MEDICATION LIST**, and a current copy of their **MEDICAL / RX INSURANCE CARD****

Medical Assessment

Diagnosis (ICD-10):

___ Dermatomyositis (M33.90)
___ Kawasaki Disease (M30.3)
___ Cicatricial Pemphigoid (L12.1)
___ Pyoderma Gangrenosum (L88)
___ Pemphigus Foliaceus / Pemphigus Vulgaris (L10.0)
___ Bullous Pemphigoid (L12.0)
___ Chronic Urticarial (L50.9)
___ Other: _____

Allergies: _____

Is this the first dose? ___ Yes ___ No If No, date first dose given: _____ Target Start Date: _____

Vascular Access: ___ Peripheral ___ PICC ___ Port ___ Other: _____

Pre-Medication Orders:

___ APAP __ 325mg __ 500mg __ 650mg - PO 30 minutes before infusion.
___ Diphenhydramine __ 25mg __ 50mg – PO 30 minutes before infusion.
__ 25mg IVP __50mg IVP
___ Alternate Oral Antihistamines: __ Cetirizine 10mg __ Loratadine 10mg __ Fexofenadine 60mg or __180mg
___ Methylprednisolone __40mg IVP __ 125mg IVP or other ____ mg IVP
___ Famotidine __ 20mg PO __ 40mg PO __20mg IVP __40mg IVP
___ Ondansetron __ 4 mg IVP __ 4 mg PO

Medication **Patient's Current Weight: _____ lbs**

Administer IVIG **Product: ☐ AIC to Determine (or) ☐ Brand: _____**

Dosage:

☐ Loading Dosage: Infuse _____ grams /kg via pump over _____ days.

☐ Maintenance Dosage: Infuse _____ grams/kg via pump every _____ weeks **Refills: _____**

☐ Other Regimen: _____

Hizentra ☐ Infuse _____ grams via Freedom 60 pump every week. **Refills: _____**

☐ Other Regimen: _____

Physician Prescription Orders

Physician Name: _____ NPI #: _____ Phone: _____ Fax: _____

Address: _____ Date: _____ Nurse: _____ ***Physician Signature:*** _____