Palmetto INFUSION®

Phone: 1-800-809-1265 Fax: 1-888-417-3658

Referral Status:		MRN:
☐ New referral	☐ Order change	☐ Order Renewal
Patient preferred clinic:		

Immunoglobulin Subcutaneous Standard Plan of Treatment

PATIENT DEMOGRAPHICS:

Date of Referral:				Patient's Phone:			
Patient Name:				Address:			
Date of Birth:				City, State, Zip:			
Height in inches:	Weight:	LB or	KG	Gender:	Allergies:	☐ See list	☐ NDKA

DIAGNOSIS: (PLEASE COMPLETE 2ND AND 3RD DIGITS TO COMPLETE ICD 10 FOR BILLING)

- ☐ D80.1____ - Hypogammaglobulinemia
- ☐ D80.2____ - Select IG Deficiency
- ☐ D83._____ - CVID
- ☐ _____ - Other:

REQUESTED DOCUMENTATION:

1	Insurance information	IF NO:
2	Most recent History & Physical	PLEASE STATE REQUIRED WASHOUT FROM PREVIOUS THERAPY:
3	Full medication list	
4	Tried and failed therapies	
5	IG levels	
6		

PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?

IF YES:

LAST INJECTION DATE:

NEXT INJECTION DATE:

IF ORDER CHANGE:

☐ **Continue current order until insurance approved**

MEDICATION ORDERS:

NOTE: DO NOT ADMINISTER SUBCUTANEOUS IG IF PATIENT'S TEMPERATURE IS GREATER THAN OR EQUAL TO 101.5°F ORALLY AND NOTIFY MD.

MEDICATION:

- ☐ Gammagard 10%
- ☐ Gamunex 10%
- ☐ Gammaked 10%
- ☐ Hizentra 20%
- ☐ Xembify 20%
- ☐ Other:_____

NOTE: For HyQvia Plan of Treatment please see our website for medication specific document.

DOSE:

☑ _____ Grams ***subcutaneous administration*** via syringe pump to infuse per protocol

FREQUENCY:

- ☐ Every _____ days
- ☐ Every _____ weeks

DURATION:

- ☐ One time dose
- ☐ _____ weeks
- ☐ _____ months

SPECIAL/LAB ORDERS:

☐ _____

_____

☑ Refills x 12 months unless noted otherwise here:

LINE USE/CARE ORDERS:

N/A

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website or scan here.

PRESCRIBER INFORMATION:

PROVIDER NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	NPI:

PRESCRIBER SIGNATURE: (No stamp signatures)		DATE:
Dispense as written/Brand medically necessary	Substitution permitted	