

# IVIG Referral Form



**Patient Preferred Clinic** (select one):

## PATIENT INFORMATION

**Referral Status:** New Referral Updated Order Order Renewal

DOB: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_  
Patient Address: \_\_\_\_\_ Patient Email: \_\_\_\_\_  
NKDA Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_  
ICD-10 code (required): \_\_\_\_\_ ICD-10 description: \_\_\_\_\_ Last Treatment Date: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_  
Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## NURSING

Infusion to be administered per Vivo protocols.

## LABORATORY ORDERS

CBC at each dose every \_\_\_\_\_  
 CMP at each dose every \_\_\_\_\_  
 CRP at each dose every \_\_\_\_\_  
OTHER \_\_\_\_\_

## PREMEDICATIONS

acetaminophen (Tylenol) 500 mg 650 mg 1000 mg PO  
cetirizine (Zyrtec) 10mg PO  
loratadine (Claritin) 10mg PO  
diphenhydramine (Benadryl) 25 mg 50 mg PO IV  
methylprednisolone (Solu-Medrol) 40mg 125mg IV  
hydrocortisone (Solu-Cortef) 100mg IV  
Other: \_\_\_\_\_  
Dose: \_\_\_\_\_ Route: \_\_\_\_\_

## IVIG THERAPY ADMINISTRATION

Gammagard Privigen  
Octagam Bivigam  
Gamunex-C Asceniv  
Dosing: \_\_\_\_\_  
Interval: \_\_\_\_\_

## Pre/Post Hydration Orders (optional)

## REQUIRED DOCUMENTATION

- Patient Demographics
- Insurance Card/Information
- Progress Notes Supporting DX
- Medication List and H&P
- Serum Creatinine (within last 3 months if treatment naive)

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. \*\*Order is valid for one year unless otherwise noted\*\*

Provider Name (Print) \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

## Fax Numbers

Virginia: 804-500-5941 Nevada: 702-489-5744 Massachusetts: 800-540-1852  
Colorado: 303-418-4679 New Jersey: 609-955-3711 Pennsylvania: 215-399-9244  
Florida: 904-930-4211 Ohio: 216-400-0674 New York: 800-540-1852  
Texas: 469-340-0044 Oklahoma: 918-770-4421 Connecticut: 203-724-4838

**Have a Question? (720) 902-4111**  
**Email Referrals To: [referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com)**  
**Email Specialty Referrals to: [info@specialtyinfusion.com](mailto:info@specialtyinfusion.com)**