

Fax To: 301-424-3590

**Have a Question? Call: 240-514-5000** 

## IVIG (Immunoglobulin) ORDER FORM

REFERRAL TYPE						
☐ New Referral ☐ Order Rene	wal 🔲 Re	estart	☐ Fred	quency Change	☐ Dosage Change	
PREFERRED LOCATION						
☐ 2730 University Blvd. West   Suite 714 Wheaton, MD 20902	☐ 14995 Shady Grove Road   Suite 250 Rockville, MD 20850			☐ 5454 Wisconsin Avenue   Suite 600 Chevy Chase, MD 20815		
☐ 18111 Prince Philip Drive   Suite 323 Olney, MD 20832	☐ 71 Thomas Johnson Drive Frederick, MD 21702			☐ 2021 K Street, NW   Suite 300 Washington, DC 20006		
	☐ 3027 Javier Road   Suite 2 Fairfax, VA 22031					
PATIENT INFORMATION						
Name:	DOB:		Email:			
		l		I		
Address:		Weight:	KG	Phone: LBS		
REFERRING PHYSICIAN INFORMATION						
Name:			NPI:			
Office Contact Name:		Phone:		Fax:		
Address:						
IVIG ORDER						
Dosing/Frequency:						
Diaments.						
Diagnosis:  ☐ D69.3—Immune thrombocytopenic purpura						
□ D80.1—Nonfamilial hypogammaglobulinemia						
□ D83.0—Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function						
G61.0—Guillain-Barre syndrome						
G61.81—Chronic inflammatory demyelinating polyneuritis						
G61.89—Other inflammatory polyneuropathies						
G70.00—Myasthenia gravis w/o (acute) exacerbation						
G73.7—Myopathy in diseases classified elsewhere						
□ M33.12—Other dermatomyositis with myopathy						
□ M33.19—Other dermatomyositis with other organ involvement						
□ M33.22—Polymyositis with myopathy						
☐ Other Diagnosis:			ICD-10 Code (Required):			
Special Instructions:						
Physicians Signature:		Date:			(Order is Valid for One Year)	
i nysicians signature.		Date.			(Order is valid for one rear)	
REQUIRED DOCUMENTATION						
Please fax the following documents and records:						
Patient Demographics     O			<ul> <li>Copy of the patient's insurance card(s) – front and back</li> </ul>			
, ,,			Medication History			
Most recent labs that include values for:     For continuation of treatments of the second seco				atment, include the last	infusion note	
● CMP ■ IgA, IgG, IgM						
	We will contact the patient and schedule their treatment once our benefit investigation					

and any prior authorizations have been completed.