

IVIG (Immunoglobulin) ORDER FORM

REFERRAL TYPE

- New Referral
 Order Renewal
 Restart
 Frequency Change
 Dosage Change

PREFERRED LOCATION

- | | | |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> 2730 University Blvd. West Suite 714
Wheaton, MD 20902 | <input type="checkbox"/> 14995 Shady Grove Road Suite 250
Rockville, MD 20850 | <input type="checkbox"/> 5454 Wisconsin Avenue Suite 600
Chevy Chase, MD 20815 |
| <input type="checkbox"/> 18111 Prince Philip Drive Suite 323
Olney, MD 20832 | <input type="checkbox"/> 161 Thomas Johnson Drive Suite 250
Frederick, MD 21702 | <input type="checkbox"/> 2021 K Street, NW Suite 300
Washington, DC 20006 |
| | <input type="checkbox"/> 8270 Willow Oaks Corporate Drive Suite 150
Fairfax, VA 22031 | |

PATIENT INFORMATION

Name:	DOB:	Male	Female	Email:
Address:	Weight:	KG	LBS	Phone:

REFERRING PHYSICIAN INFORMATION

Name:	NPI:	
Office Contact Name:	Phone:	Fax:
Address:		

IVIG ORDER

OFF-LABEL diagnosis, dose and frequency are subject to medical review and approval.

Dose/Frequency:

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

<input type="checkbox"/> Other Diagnosis:	ICD-10 Code (Required):
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Special Instructions:

Physicians Signature:	Date:	<i>(Order is Valid for One Year)</i>
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REQUIRED DOCUMENTATION

Please fax the following documents and records:

- Patient Demographics
- Two most recent office notes (Supporting the DX and treatment ordered)
- Most recent labs that include values for:
 - CMP
 - IgA, IgG, IgM
- Copy of the patient's insurance card(s) – front and back
- Medication History
- For continuation of treatment, include the last infusion note

We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.