American River Infusion:
3855 North Freeway Boulevard, Suite 110,
Sacramento, CA 95834

IVIg / SCIg Referral

Ph 916-239-7900 Fax: 916-239-7800

PATIENT INFO

PLEASE ATTACH: DEMOGRAPHICS - COPY OF INSURANANCE CARD(S) – PROGRESS NOTES – LABS

Patient Name: **DOB:**

CLINICAL INFO

Wt:_____ Height:_____ Has received previous IG therapy_____ Date of last infusion_____

Allergies:_____ Diabetes_____

Last IG level: Igg: IgA: Line type: ☐ PIV ☐ Mid line ☐ Port ☐ PICC ☐ Other

DIAGNOSIS

- ☐ Primary immune deficiency – Code____
- ☐ D83.9 Common Variable Immunodeficiency (CVID)
- ☐ D50.1 Hypogammaglobulinemia
- ☐ G35 Multiple Sclerosis
- ☐ Idiopathic Thrombocytopenic Purpura (ITP)
- ☐ G60.9 Multifocal Motor Neuropathy
- ☐ G61.81 Chronic Inflammatory Demyelinating Polyneuropathy (CIPD)
- ☐ G70.01 Myasthenia Gravis
- ☐ Other:

PRESCRIPTION

American River Clinical Pharmacist to recommend proper dose, route and frequency: ☐ Yes ☐ No

OR

SQIG Order: Product_____ Gm_____ SQIG to be infused as directed once weekly

Refill **x** Month

OR

IVIG Product_____ ☐ Privigen 10% (*pharmacy preferred*)

_____ mg/kg/day _____day(s) every month for _____months

OR

_____ gm/day _____day(s) every month for _____months

OR

Other

Flushes Per pharmacy protocol

Pre Meds:☐ Diphenhydramine_____ mg ☐ PO ☐ Inj. ☐ APAP (Tylenol)_____ Mg ☐ Other_____

PRN for Anaphylaxis: ☐ Epinephrine 0.3mg IM ☐ Hydrocortisone 100mg IV push NaCl 0.9% ☐ 250ml ☐ 500ml

Signing this from and utilizing our services, you are authorizing Home infusion Group, Inc and its's employees to serve as your authorization designated agent for medical and prescription insurance companies

Prescriber Signature Date

Name:

Address

City State Zip

DEA#	License#	NPI#