

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M F Ht: _____ Wt: _____ lbs kg

Primary Language: _____ Allergies: _____

Patient Preferred Location: _____

<ICD 10 CODE REQUIRED>

DIAGNOSIS & CLINICAL INFORMATION**ICD 10 Code (PROVIDE COMPLETE CODE)**

D80. _____ Hypogammaglobulinemia

D80.2 _____ Select IG Deficiency

D83. _____ Common Variable Immune Deficiency

Other: _____

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.**PRESCRIPTION****IMMUNE GLOBULIN (SubQ Infusion)****HIZENTRA**

SubQ: Infuse _____ grams every _____ weeks for one year

Quantity to be Dispensed: _____ grams per month for one year

<<<< PRESCRIBER MUST COMPLETE QUANTITY TO BE DISPENSED & NUMBER OF REFILLS>>>>

XEMBIFY

SubQ: Infuse _____ grams every _____ days for one year

Quantity to be Dispensed: _____ grams per month for one year

<<<< PRESCRIBER MUST COMPLETE QUANTITY TO BE DISPENSED & NUMBER OF REFILLS>>>>

OTHER

SubQ: Infuse _____ grams every _____ weeks for one year

Quantity to be Dispensed: _____ grams per month for one year

<<<< PRESCRIBER MUST COMPLETE QUANTITY TO BE DISPENSED & NUMBER OF REFILLS>>>>

Post Treatment Observations: The patient is observed for 30 minutes following the first administration.**Adverse Events:** In the event of an adverse reaction occurring at a Medix Infusion suite, utilize the Medix Infusion adverse reactions protocol.**Home Infusion Patient Orders Only**

Administer by Syringe Pump (Ambulatory Infusion Pump, Mechanical, Reusable, for subcutaneous infusion - E0779).

Dispense supplies for external drug infusion pump, syringe type cartridge, sterile, each (K0552).

Comments:**PRESCRIBER INFORMATION**

Prescriber Name: _____ Signature: _____

Date: _____ NPI #: _____ Specialty: _____

Supervising Physician: _____ (If Applicable)

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Fax: _____ Email: _____