

Patient Information

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

Primary Language: _____ Allergies: _____

Patient Preferred Location: _____

Diagnosis

ICD 10 Code Required

G70.00 Myasthenia Gravis without (acute) exacerbation

G70.01 Myasthenia Gravis with (acute) exacerbation

Other: _____ (ICD-10 Code: _____)

Infusion Orders

Initial Dose:

≥ 40kg: total infusion volume is 250mL - 30mg/kg IV once at week 0, infuse over 30 minutes

< 40kg: total infusion volume is 100mL - 30mg/kg IV once at week 0, infuse over 30 minutes

Maintenance dosing (adult)

≥ 40kg: total infusion volume is 250mL - 15mg/kg IV every 2 weeks beginning at week 2, infuse over 15 minutes

< 40kg: total infusion volume is 100mL - 15mg/kg IV every 2 weeks beginning at week 2, infuse over 15 minutes

Is patient currently receiving therapy above from another facility?

If yes, Facility Name: _____

YES NO

Date of last treatment: _____

PRE-MEDICATION ORDERS

Acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO

Cetirizine (Zyrtec) 10mg PO

Loratadine (Claritin) 10mg PO

Diphenhydramine (Benadryl) 25mg / 50mg PO / IV

Methylprednisolone (Solu-Medrol) 40 mg / 125mg IV

Hydrocortisone (Solu-Cortef) 100mg IV

Other: _____

LAB ORDERS

Labs to be drawn by: Medix Infusion Referring Physician

No labs ordered at this time

CBC _____ CMP _____ CRP _____

Other: _____

Required Clinical Documentation

Clinical/Progress notes with supporting diagnosis

H & P

Positive serologic test for anti-AChR antibody for gMG

Positive serologic test for anti-MuSK antibody for gMG

MG-ADL Score: _____

MGFA classification: _____

Patient's demographics, including insurance information

Please attach original prescription orders

Current Medications: _____

Previous Therapies

Eculizumab Oral Corticosteroids

Rituximab Non-Steroidal ISTs

IVIg Previous Live Vaccine: _____ Date: _____

Referring Patient Information

Prescriber Name: _____

Signature: _____ Date: _____

NPI #: _____

Supervising Physician (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

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