VANCOUVER CLINIC® **ADULT AMBULATORY NON-CHEMO INFUSION REFERAL and ORDER** Attn: Infusion Department **Immune Globulin (IVIG)**	**NAME:** **DOB:** **INSURANCE:** **PROVIDER NAME:** **CLINIC NAME and Phone number:**

Weight:_____lb/kg Height:_____inch/cm
Diagnostic Code ICD-10:_____ Diagnosis:_____

□ Initial Consult □ Annual Follow up
Treatment Start Date: _____

****These orders will expire after 365 days; new orders are needed after the expiration date****

This form serves as a referral to infusion services and for medication ordering.
Patients will be seen by our internal infusion clinician for purposes of providing care.

GUIDELINES FOR ORDERING:

- Send FACE SHEET and H&P or most recent chart note.
- Vancouver clinic infusion service will initiate Adverse Reaction Algorithm per our service protocol.
- Pre-medication(s) based on protocol (if needed). Adjusted Body Weight will be used for dosing. If patient below Ideal Body Weight (IBW) actual weight will be used for dosing.
- If pre-screening test and labs are not accessible through Epic, please fax a copy of request lab as well (see below). Otherwise, authorize Vancouver Clinic infusion clinician to order the lab.

LAB:

- CBC with differential
- CMP
- IgG, serum

MEDICATIONS:

☐ Gamunex-C® 10% - Pharmacist will round dose to nearest 5 gram vial and modify brand selection based upon availability during order verification

DOSES:

☐ 0.4 g/kg, intravenous, every _____weeks

☐ 0.5 g/kg, intravenous, every _____weeks

☐ 1g/kg, intravenous every_____ weeks for_____ doses

☐ 1 g/kg, intravenous Daily x 2 day(s)
- ☐ Every_____weeks ☐ Once

☐ Other:_____ g/kg, intravenous
- ☐ Every_____weeks ☐ Once

Please fax the completed form and pertinent information to Fax: 360-604-1776

Vancouver Clinic Outpatient Infusion Service *- 700 NE 87th Ave Suite 330, Vancouver, WA 98664*
Phone: 360-541-3245

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Attn: Infusion Department

Immune Globulin (IVIG)

NAME:
DOB:
INSURANCE:
PROVIDER NAME:
CLINIC NAME and Phone number:

Provider's signature: _____

Provider's printed name: _____ **Date:**_____

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