

IMMUNE DEFICIENCIES REFERRAL FORM



210 Rock Road | Glen Rock, NJ 07452
 TEL: 610-545-6035 | FAX: 610-545-6034
 Toll Free: 844-691-5089

Today's Date

- CURRENT PATIENT**
 NEW PATIENT

July 2016

Patient Name _____ SS# _____ DOB _____
 Height _____ Weight _____ Address _____ Apt # _____
 Male Female City _____ State _____ Zip _____
 Daytime Tel _____ Cell _____ Email _____
 Ship to Patient at Home Work OR Patient will pick up at Physician Office Pharmacy Date Needed _____
 Medical History: Cardiac Disease Diabetes Renal Dysfunction IgA Deficient
 Allergies _____ Comorbidities _____
 Current Medications (if necessary, please fax a complete list) _____

Diagnosis
 D80.0 Hereditary Hypogammaglobulinemia D81.5 Immune Deficiency with Increased IGM
 D83.9 Common Variable Immunodeficiency, unspecified D82.0 Wiskott Aldrich Syndrome
 D81.9 Combined Immunodeficiency, unspecified ICD-10: _____ DX: _____

Insurance Carrier - Primary _____ Name of Insured _____
 Relationship _____ ID # _____ Group # _____ Insurance Phone _____
 Rx Carrier - Secondary _____ Rx ID # _____ Rx Group # _____ RX Phone _____

Prescriber's Name _____ Office Contact _____
 Street Address _____ Suite# _____ City _____ State _____ Zip _____
 Tel _____ Fax _____ Email _____
 License# _____ NPI# _____ UPIN# _____ DEA# _____

PRESCRIPTION

PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

Is this the first dose? Yes No If no:
 List product _____
 Date of last infusion _____
 Next dose due _____

ADMINISTER IVIG USING INFUSION PUMP:

- 2 grams/kg over _____ days, as a loading dose, then _____ grams every _____ wk(s) for _____ cycle(s)
 _____ gm/kg or _____ grams every _____ wk(s) for _____ cycle(s)
 Other _____

PRE-MEDICATIONS

- Diphenhydramine (Benadryl) 25-50 mg orally before infusion
 Acetaminophen (Tylenol) 325-650 mg orally before infusion
 Other _____

ADVERSE/ANAPHYLACTIC REACTIONS: PER ELWYN SPECIALTY CARE PROTOCOL

- Adults or Children greater than 66 pounds or 30 kg:
 • For mild reaction: give Diphenhydramine 50 mg orally, IM or IV and decrease the rate of infusion.
 • For moderate reaction: stop infusion, give Diphenhydramine 50mg, orally, IM or IV and contact physician
 • For Severe reaction w/breathing problem: stop infusion, call 911, give Epinephrine 0.3mg/0.3ml subcutaneously, Diphenhydramine 50 mg IV or IM. Begin NSS 500ml IV at a rate of 100-150ml/hr and contact physician.

Note: **Dosage adjustment necessary for children less than 30kg or 66 pounds:** Diphenhydramine 1.25mg/kg orally, IM or IV with a maximum of 50mg. If Epinephrine is needed 0.15mg/0.15ml 1:1000 subcutaneously

Nursing: Start PIV as required for administration and nurse to administer infusion in home.

Access: Peripheral PICC Port Other _____
 Flushing: Glen Rock Medical Pharmacy Protocol (Heparin, 0.9% NaCl, D5W)
 Labs _____

By signing this form and utilizing our services, you are authorizing Glen Rock Medical Pharmacy and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (signature required. NO STAMPS) _____ **Date** _____

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Please fax completed referral form to **Glen Rock Medical Pharmacy** at **610-545-6034** Visit **www.GLENROCKMEDICALPHARMACY.com** for online fillable forms.