

**SOUTHWESTERN MEDICAL CENTER INFUSION SERVICES
 INTRAVENOUS IMMUNE GLOBULIN ORDER FORM**

STAT REFERRAL

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI: _____ DOB: _____

HT: _____ in WT: _____ kg Sex: Male Female Allergies: NKDA, _____

Physician Name _____ Contact Name _____ Contact Phone # _____

NPI #: _____ Tax ID#: _____ Fax #: _____

STATEMENT OF MEDICAL NECESSITY

Primary Diagnosis: ICD 10 + Description: _____ Date of Diagnosis: _____

PERTINENT MEDICAL HISTORY

Does patient have venous access? YES NO If yes, what type MEDIPOINT PIV PICC LINE OTHER: _____

PRESCRIPTION ORDERS:

- a) ALL MEDIPOINTS / IV ACCESSES WILL BE FLUSHED WITH SALINE OR HEPARIN PER HOSPITAL POLICY
- b) ALL PRODUCTS WILL BE PREPARED AND ADMINISTERED FOLLOWING HOSPITAL POLICY
- c) 500 mL BAG OF 0.9% NS MAY BE HUNG AT KVO RATE

SELECT	DOSE	ROUTE	RATE	REPEAT EVERY	DURATION
<input type="checkbox"/>	_____ mg / kg	IV	TITRATE PER POLICY		
<input type="checkbox"/>	Flat Dose: _____ gm	IV	TITRATE PER POLICY		

PREMEDS

SELECT	MEDICATION	DOSE	ROUTE
<input type="checkbox"/>	BENADRYL		
<input type="checkbox"/>	ACETAMINOPHEN		
<input type="checkbox"/>	SOLUMEDROL		
<input type="checkbox"/>	FAMOTIDINE		
<input type="checkbox"/>	Other:		

LABS

SELECT	LAB REQUESTED	WHEN	FREQUENCY
<input type="checkbox"/>	BMP	<input type="checkbox"/> PRIOR <input type="checkbox"/> POST	
<input type="checkbox"/>	CMP	<input type="checkbox"/> PRIOR <input type="checkbox"/> POST	
<input type="checkbox"/>	BUN/CREATININE	<input type="checkbox"/> PRIOR <input type="checkbox"/> POST	
<input type="checkbox"/>	Other:	<input type="checkbox"/> PRIOR <input type="checkbox"/> POST	
<input type="checkbox"/>	Other:	<input type="checkbox"/> PRIOR <input type="checkbox"/> POST	

NOTES/SPECIAL INSTRUCTIONS

Physician's Signature _____ Time _____ Date _____

**Signature Must Be Clear and Legible*

Cosignature (If Required) _____ Time _____ Date _____

**Signature Must Be Clear and Legible*

Fax completed form, supporting documentation, facesheet, and insurance cards to the Outpatient Infusion Center at 1 (877) 249-1191.