PARAGON
INFUSION CENTERS

IVIG
INFUSION ORDERS

PATIENT INFORMATION
☐ *Demographics attached*

Patient Name: ______________________ DOB: __________ Phone: ______________

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S), FRONT AND BACK

MEDICAL INFORMATION

Diagnosis: ______________________________ **ICD-10:** ______________

Patient Weight: _________lbs. (REQUIRED) **Allergies**: ______________________

☐ **Clinical/Progress Notes, Labs (CMP), Tests** supporting primary diagnosis attached

Labs: Required labs to be drawn by: ☐ Infusion Clinic ☐ Referring Physician

Lab Orders: ______________________________

IVIG ORDERS

Gammagard (J1569)
Gammaplex (J1557)
Gamunex C (J1561)
Bivigam (J1556)
Privigen (J1459)
Carimune ________% (J1566)
Flebogamma (J1572)
☐ 5% ☐ 10%

IVIG Orders: _____________gm/kg IV divided over ______ day(s)
_____________mg/kg IV divided over ______ day(s)

Frequency: Every _________ weeks *or* _________ one time dose

Protocol Pre-Medication orders: Tylenol 1000mg PO, please choose one antihistamine:
☐ Cetirizine 10mg PO
☐ Diphenhydramine 25mg PO
☐ Loratadine 10mg PO

Additional Pre-Medication Orders: ☐ Solu-Medrol ________mg IVP ☐ NS 0.9%_________mL IV

Additional Orders/Comments:

PHYSICIAN INFORMATION

By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: ______________________________ Date: ______________

Physician Name: ______________________________

Phone: ____________ Fax: ____________ Contact Person: ______________________

INFUSION CENTER LOCATION

☐ Arlington	☐ Austin	☐ Dallas	☐ Houston	☐ Knoxville	☐ North Hills	☐ Plano	☐ Round Rock	☐ San Antonio	☐ Stone Oak
P: 817.200.2530	P: 512.261.4800	P: 972.408.2777	P: 713.860.1755	P: 865-299-7525	P: 817.284.2700	P: 469-974-0565	P: 737-443-5230	P: 210.366.4358	P: 210.485.3700
F: 817.509.0011	F: 512.261.4803	F: 469.913.6894	F: 713.277.7219	F: 865-338-5604	F: 817.284.2701	F: 469-608-2072	F: 737-402-7698	F: 210.366.4896	F: 210.390.1738

ParagonHealthcare.com

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged property or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute or copy this fax. Please notify the sender immediately. If you have received this document in error and then destroy this document immediately.

© 2018, Paragon Healthcare, Inc.