BEAUMONT INFUSION CENTER
IMMUNOLOGY PRESCRIPTION

Location / Fax # ☐ **Royal Oak : 248- 551-3168** ☐ **Troy : 248-964-2409** ☐ **Lenox : 947-523-4061** ☐ **Wayne : 734-467-2505**
☐ **Grosse Pointe : 586-498-4497** ☐ **Farmington Hills : 248-471-8217** ☐ **Dearborn : 313-593-8551** ☐ **Livonia : 734-542-3356**

Patient Name:	**Date of Birth:**	**Medical Record #:**
Physician Name:	**Physician Address:**	**Physician Office #:**
Anticipated Start Date for Care:	**Diagnosis:**	**Diagnosis Code (ICD-10):**

PATIENT INFORMATION: Please attach these *required* documents to Prescription (unless in EPIC):
● Copy of Insurance Card ● Labs ● Supporting clinical documentation ● Patient Demographics

☐ **NKDA** ☐ **Drug Allergies**: _____

Height: _____ ft _____ in **Weight:** _____ kg / lbs **Date:**_____

PRESCRIBING RECOMMENDATIONS

***IVIG doses should be calculated utilizing IBW per Beaumont Health guidelines**
Patients on established IVIG doses may continue the same dose.
Physician to fill in dose below, rounding to appropriate vial size.

MEDICATION	**DOSE**
NEGATIVE IgA ALLERGY HISTORY: ☐ GAMMAGARD LIQUID 10% **(PREFERRED)** ☐ GAMUNEX-C 10% ☐ PRIVIGEN 10%	☐ _____grams IV one time only ☐ _____grams IV daily x _____ days ☐ _____grams IV every _____weeks x _____ doses ☐ _____grams IV daily x 2 days every _____ weeks x _____ doses
POSITIVE IgA ALLERGY: IgA < 0.05 g/L **Attach documented IgA level** ☐ GAMMAGARD S/D 5% ☐ GAMMAGARD S/D 10%	_____ **Pre-medications:** ☐ Acetaminophen 650mg PO 30 minutes prior to infusion ☐ Diphenhydramine 25mg PO 30 minutes prior to infusion ☐ Methylprednisolone _____ mg IVP 30 minutes prior to infusion

Infusion Instructions (please indicate special instructions---unless specified, all IVIG infusions will be administered per manufacturer package insert):

- 250 ml 0.9% Sodium Chloride flush bag with infusion as needed.
- Treatment of Hypersensitivity / Anaphylaxis Adults - Protocol. Notify physician if reaction occurs.
- Flush IV with 10cc NS as needed.

Physician Signature _____**Beeper #**_____ **Date** _____ **Time**_____