MATAGORDA REGIONAL
MEDICAL CENTER
MRMC IV THERAPY SERVICES
PHONE: 979-241-5966
FAX: 979-241-5965

INTRAVENOUS IMMUNO GLOBULIN ORDER FORM

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI_____ DOB:_____

HT: _____ WT: _____ Sex :( ) Male ( ) Female SSN:_____ Home #:_____ Cell#:_____

Street Address_____ City/State/Zip _____

Allergies:_____

INSURANCE INFORMATION

Primary Insurance Name _____ Policy ID #: _____

Secondary Insurance Name_____ Policy ID #:_____

PHYSICIAN / FACILITY INFORMATION

Physician Name_____ Contact Name _____ Contact Phone # _____

Address: _____City/State/Zip_____

DEA#:_____ NPI #:_____ State Lic #:_____ Fax #: _____

STATEMENT OF MEDICAL NECESSITY

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

a) **ALL MEDIPORTS/ / IV ACCESSES WILL BE ACCESSED AND FLUSHED WITH SALINE OR HEPARIN PER HOSPITAL PROTOCOL**
b) **ADMINISTER CATH-FLO 2MG, IVP PER PORT IF PICC LINE IS SLUGGISH OR OCCLUDED, MAY REPEAT AFTER 2 HRS IF NEEDED X 1**

PRESCRIPTION ORDERS: IVIG (DOSES WILL BE ROUNDED TO NEAREST 5 GM or 10 GM INCREMENT TO ELIMINATE WASTE)

Does patient have venous access? ☐ **YES** ☐ **NO**

If yes, what type: ☐ **MEDIPORT** ☐ **PIV** ☐ **PICC LINE** ☐ **OTHER:**_____

PREFERRED BRAND (substitution may apply):_____

SELECT BELOW	DOSE	ROUTE	RATE	REPEAT EVERY	DURATION
	MG / KG				
	GRAM / KG				
	GRAM(s) (TOTAL)				

PREMEDICATIONS

SELECT BELOW	MEDICATION	DOSE	ROUTE
	BENADRYL, PRN		
	ACETAMINOPHEN, PRN		
	Other:		
	Other:		
	Other:		

LABS

SELECT BELOW	LAB REQUESTED	WHEN	FREQUENCY
	BMP	( ) PRIOR ( ) POST	
	CMP	( ) PRIOR ( ) POST	
	BUN/CREATININE	( ) PRIOR ( ) POST	
	Other:	( ) PRIOR ( ) POST	
	Other:	( ) PRIOR ( ) POST	

NOTES/INSTRUCTIONS/COMMENTS

_____

_____

_____

FLUSHES: ☐ 10 mL NS Flush Syringe PRN ☐ Heparin 500 units/5 mL Flush Syringe PRN ☐ NS 50 mL PRN

Physician's Signature: _____ **Time:** _____ **Date:**_____

Fax completed form to the MRMC Infusion Center at 979-241-5965.
PLEASE include copies of: H+P, OFFICE NOTES, LABS, ACTIVE MEDICATION PROFILE, and CURRENT INSURANCE INFORMATION in order for your referral to be processed.