



Pediatric Subcutaneous Immune Globulin (SCIG) Patient Referral Form

Patient Name: _____ Date: _____

SSN#: _____ DOB: _____ Primary Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Diagnosis:
279.02 Selective IgM Immunodeficiency
279.03 Selective IgG Immunodeficiency
279.04 Congenital Hypogammaglobulinemia
279.05 Immunodeficiency with increased IgM
279.06 Common variable immunodeficiency (CVID) cont.

1 Patient Information:

NKDA Allergies: _____
Ht: _____ in/cm Wt: _____ lbs/kg Male Female
Is this the first dose: Yes No
If no, list product: _____
Date of last infusion: _____ Next dose due: _____

Attach documents to FAX (see below)

Copy of insurance card
Patient demographics, to include insurance information
Labs to include IgA level
H&P
For Immune deficiency: Detailed infection history, baseline IgG levels (including subclasses), immune response to vaccinations (including report)
Other: _____

2 Clinical Information: ARJ policies and protocols to be provided upon request.

Medication Dose Directions Quantity/Refills
Preferred Product: _____ grams OR gm per kg
No Preference _____ day(s) every week OR every week(s)
Premedication take 30 minutes prior to infusion
Diphenhydramine 1 mg/kg PO (max 50 mg per dose) OR 25-50 mg PO (max 50 mg per dose)
Acetaminophen 15 mg/kg PO (max 650 mg per dose) OR 325-650 mg PO (max 650 mg per dose)
Medications to be used as needed:
Diphenhydramine: 1 mg/kg PO (max 50 mg per dose) every 4-6 hours as needed OR 25-50 mg PO every 4-6 hours as needed
Acetaminophen: 15 mg/kg PO (max 650 mg per dose) OR 325-650 mg PO every 4-6 hours as needed
Lidocaine 2.5% and Prilocaine 2.5% cream topically: Apply to needle insertion site prior to access, as needed.
Skilled Nursing services to be provided for infusion, assessment and teaching as needed.
Adverse reaction medications: Dispense 1 dose of each medication below to keep at patient home.
Epinephrine pen by weight for use IM or SQ in anaphylactic reaction. May repeat one time. EMS/911 will be called if used.
Diphenhydramine 1 mg/kg PO for allergic reaction/anaphylaxis (max 50 mg per dose).
Other Instructions: _____

3 Prescriber Information: By signing I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.

ARJ Infusion Services has my permission to contact the patient's health plan to obtain any authorizations necessary to enable it to receive payment for services.

Physician Name: _____ Office Contact: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ Fax: _____
License #: _____ DEA#: _____ NPI #: _____
Date: _____ Date: _____
Physician Signature Required - Substitution Permitted Physician Signature Required - Dispense as Written

Confidential Health Information: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization and under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure of this information is prohibited by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law. Important Warning: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any discrimination, distribution, or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately.



279.02 Selective IgM Immunodeficiency

- D80.4 Selective Deficiency of Immunoglobulin M (IgM)

279.03 Selective IgG Immunodeficiency

- D80.3 Selective deficiency of immunoglobulin G (IgG) subclasses

279.04 Congenital Hypogammaglobulinemia

- D80.0 Hereditary hypogammaglobulinemia

279.05 Immunodeficiency with increased IgM

- D80.5 Immunodeficiency with increased Immunoglobulin M (IgM)

279.06 Common variable immunodeficiency (CVID)

- D83.0 Common variable immunodeficiency with predominate abnormalities of B-cell numbers and functions
- D83.2 Common variable immunodeficiency with autoantibodies to B or T cells
- D83.8 Other common variable immunodeficiency
- D83.9 Common variable immunodeficiency, unspecified

279.12 Wiskott-Aldrich syndrome

- D82.0 Wiskott-Aldrich syndrome

279.2 Severe Combined Immunodeficiency

- D81.0 Severe combined immunodeficiency with reticular dysgenesis
- D81.1 Severe combined immunodeficiency with low T and B cell numbers
- D81.2 Severe combined immunodeficiency with low or normal B cell numbers
- D81.6 Major Histocompatibility complex class I deficiency
- D81.7 Major Histocompatibility complex class II deficiency
- D81.89 Other combined immunodeficiency
- D81.9 combined immunodeficiency, unspecified

Other: _____

