



Adult Intravenous Immune Globulin (IVIG) Patient Referral Form

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Diagnosis: SEE REVERSE SIDE FOR MORE ICD-10 CODES

- 279.02 Selective IgM Immunodeficiency
279.04 Congenital Hypogammaglobulinemia
279.05 Immunodeficiency with increased IgM
279.06 Common variable immunodeficiency (CVID)
358.00 Myasthenia Gravis without exacerbation
358.01 Myasthenia Gravis with exacerbation
Other ICD-10: \_\_\_\_\_

1 Patient Information: In order to service your patient and facilitate insurance authorization, please complete the following.

Attach documents to FAX (see below)

Form fields for Patient Information including NKDA, Allergies, Ht, Wt, Sex, Date of last infusion, Next dose due, and Line type.

- Checkboxes for document types: Copy of insurance card, Patient demographics, Labs to include IgA level, H&P, For immune deficiency: Detailed infection history, baseline IgG levels, etc.

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

Table with 4 columns: Medication, Dose, Directions, and Quantity/Refills.

- Checkboxes for RN to start peripheral IV, Premedication take 30 minutes prior to infusion, and Physician to be notified if headache persists or worsens.

- Adverse Reaction Orders: STOP IVIG infusion, Diphenhydramine, Methylprednisolone, Acetaminophen, Ondansetron, Epinephrine.

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.

Form fields for Prescriber Information including Physician Name, Office Contact, Address, City, State, Zip, Phone, Fax, License #, DEA#, NPI#, and Date.

Physician Signature Required - Substitution Permitted

Physician Signature Required - Dispense as Written

FAX completed form to ARJ (877) 451-8955

Intake Specialist (866) 451-8804

[referral@arjinfusion.com](mailto:referral@arjinfusion.com)

[arjinfusion.com/referrals](http://arjinfusion.com/referrals)

**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 w/ 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

**340 Multiple Sclerosis**

- G35 Multiple Sclerosis

**357.81 Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)**

- G61.81 Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

**358.00 Myasthenia Gravis without exacerbation**

- G70.00 Myasthenia gravis without (acute) exacerbation

**358.01 Myasthenia gravis with exacerbation**

- G70.01 Myasthenia Gravis with (acute) exacerbation

Other: \_\_\_\_\_

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