



**Prestige Infusions**  
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Affiliation:



# IVIG/SCiG

(intravenous immunoglobulin)

Patient Name

DOB

Phone

M

F

**\*DIAGNOSIS** *Please provide ICD-10 code*

Primary Immunodeficiency (PI)

Myasthenia Gravis

Idiopathic Thrombocytopenic Purpura (ITP)

Hypogammaglobulinemia

Multifocal Motor Neuropathy (MMN)

Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

(other)

**PRE-MEDICATION**

Tylenol 1000mg PO

Solu-Medrol 125mg IVP

Diphenhydramine 25mg PO

Diphenhydramine 25mg IVP

Cetirizine 10mg PO

Solu-Cortef 100mg IVP

(other)

(other)

**IVIG ORDERS**

<b>BRAND</b>			
Gamunex (10%)	Privigen (10%)	Octagam (10%)	Gammaplex (10%)
Gammagard (10%)	Flebogamma DIF (10%)	Gammaked (10%)	Carimune %
<b>DOSAGE</b>			
gm per day	X	days	
mg/kg over			
<b>FREQUENCY</b>		<b>PATIENT WEIGHT</b>	
every	weeks	lbs.	
one-time dose/treatment		kg	

**NOTES**

**ORDERING PROVIDER**

Signature X\_\_\_\_\_

Date

Provider

Phone

Fax

*\*\*Some diagnosis may be off-label for use with specific IVIG brands, please check with the manufacturer and the patients payer prior to administrator of IVIG\*\**