The Outpatient Infusion Center
a Service of Comanche County Memorial Hospital

Phone: 580-250-5899
Fax: 580-585-5472

IVIG ORDER FORM

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI_____
HT: _____ WT: _____ DOB: _____ Sex :( ) Male ( ) Female SSN:_____
Street Address_____ City/State/Zip _____
Home Phone # _____ Work # _____ Cell # _____

INSURANCE INFORMATION

Primary Insurance Name_____ Policy ID# _____
Secondary Insurance Name_____ Policy ID# _____

PHYSICIAN/FACILITY INFORMATION

Physician's Name_____ Contact Name _____ Contact Phone # _____
Address _____ City/State/Zip_____Fax #:_____
DEA# _____ NPI # _____ State License # _____

STATEMENT OF MEDICAL NECCESITY

Primary Diagnosis (ICD 10 code AND CPT code) _____
Secondary Diagnosis (ICD 10 code AND CPT code) _____

MEDICAL INFORMATION

Does the patient have venous access? ☐ Yes ☐ No If yes, what type? _____
Is the patient incontinent? ☐ Yes ☐ No Comments: _____
Is the patient ambulatory? ☐ Yes ☐ No Comments: _____

***ALL MEDIPORTS/PORTS/VAD, ETC. WILL BE ACCESSED AND FLUSHED WITH HEPARIN PER HOSPITAL PROTOCOL**
***50 mL BAG OF NORMAL SALINE WILL BE HUNG TO CLEAR ALL PATIENT LINES**

Specify Brand Preferred (limited availability, substitution may apply):_____

Sig: Infuse _____ gm or mg/kg (circle one) over _____ hours as directed every _____ weeks or days (circle one)

PRN MEDICATIONS:

☐ **Bendaryl PRN: _____ mg ☐ PO ☐ IV ☐ IVP**
☐ **Acetaminophen PRN: _____ mg ☐ PO ☐ IV ☐ IVP**
☐ **Other: _____**
☐ **Oxygen:_____**
☐ **Diet: _____**

FLUSHES:

☐ **10mL NS Flush Syringe PRN** ☐ **Heparin 500units/5mL Flush Syringe PRN** ☐ **10mL NS Flush Syringe PRN** ☐ **250mL NS PRN**

Labs: _____

Notes:_____
_____

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

Fax completed form to the Outpatient Infusion Center at 580-585-5472. PLEASE include copies of: H&P, OFFICE NOTES, LABS, ACTIVE MEDICATION PROFILE, LETTER OF NECESSITY or any other documentation supporting the use of infusion therapy, and ALL current insurance information for your referral to be processed.