



IV Immunoglobulin Order Form

Select patient referral location: Akron Athens Blue Ash Cleveland Columbus Crestview Hills
Dayton Mansfield Perrysburg Springfield Toledo West Cincinnati

For new referrals, please include recent labs and last two office visit notes.

Fax completed form to 888-977-0914

Phone: 877-787-8720 • www.horizoninfusions.com

1. PATIENT INFORMATION

Name:	DOB:
Phone:	Other Phone:
Email:	
Social Security #:	Allergies:
Gender: M F	Weight: Lbs Kg
Patient Status: New to therapy Continuing therapy	Next due date (if applicable):

2. INSURANCE INFORMATION (required)

Please submit copies of the front and back of primary and/or secondary insurance cards with this referral.

3. PHYSICIAN INFORMATION

Physician Name:	NPI#:
License #: TIN#:	DEA#:
Address:	
City:	State Zip
Office Contact:	Email:
Office phone:	Office fax:

4. DIAGNOSIS INFORMATION (and year of diagnosis)

CVID ()	Dermatomyositis ()	ICD 10
PI ()		Other:

5. PRESCRIPTION INFORMATION (requires new order every 12-months)

Immune Globulin	PRE-MEDICATIONS	N/A
Administer GMS at	Acetaminophen	500mg 650mg 1000mg
gm/kg	Fexofenadine (Allegra)	180mg PO (or other non-sedating antihistamine)
OR	Diphenhydramine (Benadryl)	25mg 50mg PO IV (requires driver)
mg/kg every weeks	Methylprednisolone (Solu-Medrol)	40mg 80mg 125mg IV
Concentration %	Prednisone	mg PO
Infusion Rate: Start mL/hr	Other	
Max: mL/hr	POST-MEDICATIONS	N/A
Ramp Up: Every min by mL/hr	Acetaminophen	500mg 650mg 1000mg
Hydration (normal saline):	Prednisone	mg PO
N/A Pre IG mL Post IG mL	Other	
Vital signs per HI protocol		
Anaphylaxis & Hydration Management per HI protocol		

6. LABS

CBC w/Diff	Each Infusion	Other Frequency (specify):
CRP	Each Infusion	Other Frequency (specify):
CMP	Each Infusion	Other Frequency (specify):
ESR	Each Infusion	Other Frequency (specify):
Hepatic Panel	Each Infusion	Other Frequency (specify):
Renal Panel	Each Infusion	Other Frequency (specify):
Quantiferon TB Gold, annually, last completed (date):		
Other (specify):		

7. SIGNATURE (required)

PHYSICIAN'S SIGNATURE

DATE