

Complete or Attach Patient's Demographic Information

Patient Name: _____ Gender: _____ DOB: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Preferred Phone: _____ Alternate Phone: _____
 Email Address: _____

Complete Diagnostic/Clinical Information - FAX Clinical Notes, Labs, Test Results

Current History of: Renal Dysfunction HTN Thromboembolic Event CHF Diabetes
 Other: _____
 Previous Ig Therapy: No Yes If Yes: Date: _____ Dose: _____ Last Received: _____
 Allergies: _____ Height: _____ Weight: _____

Complete Prescription Information OR E-Scribe: Upstate HomeCare

ICD10 Code/Diagnosis:

- | | |
|--|---|
| <input type="checkbox"/> D69.3 Idiopathic Thrombocytopenic Purpura (ITP) | <input type="checkbox"/> G61.0 Guillain-Barre Syndrome |
| <input type="checkbox"/> D80.1 Hypogammaglobulinemia | <input type="checkbox"/> G61.81 Chronic Inflammatory Demyelinating Polyneuritis |
| <input type="checkbox"/> D80.3 Other Selective Immunoglobulin Deficiency | <input type="checkbox"/> G61.9 Multifocal Motor Neuropathy |
| <input type="checkbox"/> D80.4 Selective IgM Deficiency | <input type="checkbox"/> G70.00 Myasthenia Gravis |
| <input type="checkbox"/> D81.0 Severe Combined Immunodeficiency (SCID) | <input type="checkbox"/> G70.01 Myasthenia Gravis, with Acute Exacerbation |
| <input type="checkbox"/> D81.9 Combined Immunodeficiency, unspecified | <input type="checkbox"/> L10.9 Pemphigus |
| <input type="checkbox"/> D82.0 Wiskott-Aldrich Syndrome | <input type="checkbox"/> L12.0 Pemphigoid |
| <input type="checkbox"/> D83.8 Other Common Variable Immunodeficiencies | <input type="checkbox"/> M30.3 Kawasaki Syndrome |
| <input type="checkbox"/> D83.9 Common Variable Immunodeficiency (CVID) | <input type="checkbox"/> M33.20 Polymyositis, Organ Involvement |
| <input type="checkbox"/> G25.82 Stiff-Man Syndrome | <input type="checkbox"/> M33.90 Dermatopolymyositis, Organ Involvement |
| <input type="checkbox"/> G35 Multiple Sclerosis- Relapsing- Remitting | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> G60.3 Idiopathic Progressive Neuropathy | |

Drug: _____ Dose: _____ Route: _____ Frequency: _____
 Qty: _____ Refills: _____ Administration Rate: Per Manufacturer's Guidelines, as tolerated

Sodium Chloride 0.9% 10mL Syringe (Use to flush IV line. #3 with 11 refills)

Other: _____

Additional Orders:

Sodium Chloride 0.9% 250mL Bag Qty #1 Refills: _____ Route: _____ Directions: _____

Diphenhydramine 50mg/mL 1mL Vial Qty #1 Refills: _____ Route: _____ Directions: _____

Other: _____

Anaphylactic Orders:

Epinephrine 1mg/mL Vial #1 (Use in the event of an anaphylactic reaction. Adult dose = 0.3mL **IM**/intramuscularly)

Complete Prescriber Information

Ordering Provider:

Phone:

NPI#:

Provider Signature:

Date:

By signing this form, you, as the following physician are authorizing an Upstate HomeCare Pharmacist to transcribe the above order into verbal orders.

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or 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 unless permitted 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 laws. 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 dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately. Brand names are the property of their respective owners.