

Patient Information **Demographics Attached**

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: Please attach a copy of insurance cards (front and back).

Medical Information

Diagnosis: Primary immunodeficiency ICD-10 Code: _____
 Chronic inflammatory demyelinating polyneuropathy ICD-10 Code: _____
 Other: _____ ICD-10 Code: _____

Patient Weight: _____ lbs. Allergies: _____

Clinical/progress notes, labs and tests supporting primary diagnosis attached

Required Labs: Renal function (Cr, BUN)

Labs: Required labs to be drawn by: Infusion Clinic Referring Physician

Lab Orders: _____

Hizentra Infusion Orders

Primary Immunodeficiency Dosing

Weekly dosing:

- Start 1 week after IVIG infusion
- _____ grams Sub-Q weekly

Biweekly dosing (every 2 weeks):

- Start 1 or 2 weeks after the last IVIG Infusion or 1 week after the last weekly IGSC infusion
- _____ grams Sub-Q every 2 weeks

Frequent dosing (2 to 7 times per week):

- Start 1 week after last IVIG or IGSC infusion
- _____ grams Sub-Q _____ days per week

CIPD Dosing

Weekly dosing:

- Initiate therapy 1 week after the last IVIG infusion
- _____ grams Sub-Q weekly

Physician Information

By signing this form and utilizing our services, you are authorizing *Hy-Vee Health* and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Provider Name: _____ **Signature:** _____ **Date:** _____
Provider NPI: _____ **Phone:** _____ **Fax:** _____ **Contact Person:** _____

Service Areas

- | | | | | | |
|----------------|---------------------|-------------|-----------|-------------|------------|
| Des Moines, IA | West Des Moines, IA | Chicago, IL | Omaha, NE | Buffalo, NY | Dallas, TX |
| Phoenix, AZ | Other _____ | | | | |

HY-VEEHEALTHINFUSION.COM

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee and contains material that is confidential, privileged property or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute or copy this fax. Please notify the sender immediately and destroy all copies if you have received this document in error.