

**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Home Phone: \_\_\_\_\_ Patient Cell Phone: \_\_\_\_\_ Patient Email: \_\_\_\_\_

Emergency/Alternate Contact Name: \_\_\_\_\_ Emergency/Alternate Contact Phone: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_ Weight lbs/kg: \_\_\_\_\_ Height: \_\_\_\_\_

Patient Status:  New to Therapy  Continuing Therapy  Therapy Change Last infusion date (if applicable): \_\_\_\_\_

Is the patient pregnant, planning a pregnancy or nursing:  Yes  No Does the patient need interpreter services:  Yes  No

**Provider Information**

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ICD-10 CODE**

D80.9 Primary humoral immunodeficiency (PI) D81.9 Combined immunodeficiency  
 D82.0 Wiskott-Aldrich syndrome D83.9 Common variable immunodeficiency/agammaglobulinemia  
 G61.81 Chronic inflammatory demyelinating polyneuropathy (CIDP)  
 Other: \_\_\_\_\_

**Documentation Required (Note: Send all labs, must include specific labs listed here)**

Labs Insurance Card (front and back) Current Medications History/Progress Notes

**Medication Order**

**Hyqvia**

(Immune Globulin Infusion 10% (Human) with Recombinant Human Hyaluronidase)

**Dose and Frequency:**

\_\_\_\_\_ grams SC every \_\_\_\_\_ weeks  
 \_\_\_\_\_ mg/kg SC every \_\_\_\_\_ weeks  
 Other: \_\_\_\_\_

Ramp up and maintenance dose: Patient is new to Hyqvia treatment. Follow ramp up schedule per chart with the indicated dose, then continue to the maintenance dose.

Treatment Interval	Dosing Frequency: 4 weeks	Dosing Frequency: 3 weeks
1st Infusion (Week 1)	_____ Grams x 0.25	_____ Grams x 0.33
2nd Infusion (Week 2)	_____ Grams x 0.50	_____ Grams x 0.67
3rd Infusion (Week 4)	_____ Grams x 0.75	Total Dose (maintenance dose)
4th Infusion (Week 7)	Total Dose (maintenance dose)	

Alternative ramp up schedule: \_\_\_\_\_

Maintenance dose only: Patient is currently on Hyqvia.

**Pre-Medication Order**

**acetaminophen** (Tylenol) 500mg 650mg 1000mg PO **diphenhydramine** (Benadryl) 25mg 50mg / PO IV  
**cetirizine** (Zyrtec) 10mg PO **methylprednisolone** (Solu-Medrol) 40mg IV 125mg IV  
**loratadine** (Claritin) 10mg PO **hydrocortisone** (Solu-Cortef) 100mg IV

Other: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Special Instructions (Prior therapy, treatment dates, and reasons for d/c)**

**Provider Name**

Order is valid for 1 year from date of signature and refills will be provided to cover the duration of treatment unless otherwise indicated.

**Provider Signature**

**Date**

Check here if this is a stat order

**Patient Information**

Patient Name:	DOB:	Sex:	M	F	Fasting:	Y	N
Patient Home Phone:	Patient Cell Phone:						
Emergency/Alternate Contact Name:	Emergency/Alternate Contact Phone:						

**Lab Test (Please circle or write in ICD-10)**

ALT	R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21	IgE	J45.4, J45.3, L50.9, J45.40, J45.50
AST	R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21	IgG	G35, G36.0
HEPATIC FUNCTION PANEL	R94.5, R74.8, R79.89, K50.90, K51.90, G35, Z11.4, Z20.2, B20, Z21	IMMUNOGLOBULIN QUANT IgG, IgM, IgA	G35, G36.0
BASIC METABOLIC PANEL	I10, E87.1, Z79.899, E87.5, E80.20, G35, M81.0, M81.8, N18.9	IMMUNOGLOBULIN QUANT IgG, IgM, IgA, IgE	G35, G36.0
CALCIUM	M81.0, M81.8	IRON, TIBC, FER PNL	D50.9, D64.9, D50.0, D50.8, Z00.00, D63.1, N18.9
CBC (INCLUDES DIFF/PLT)	I10, D64.9, Z00.00, R53.83, G35, C50.011, D70.9, D50.0, D63.1	LIPID PANEL	Z79.899, E78.5, E55.9, E78.00, Z00.00, E78.01, E78.2
CBC (H/H, RBC, WBC, PLT)s	I10, Z00.00, Z13.0, D64.9, G35, C50.011, D70.9, D50.0, D63.1	MAGNESIUM	I10, Z79.899, R25.2, E83.42, Z00.00
COMP METABOLIC PANEL	I10, Z79.899, E78.5, E11.9, E78.2, E80.20, G35, M81.0, M81.8, N18.9	PSA	R97.20, C61, N40.1, Z12.5, N40.0
CREATININE	M81.0, M81.8, G35	PROTHROMBIN TIME-INR	Z79.01, I48.91, I48.0, Z51.81
C-REACTIVE PROTEIN (CRP)	R53.83, R79.82, M35.3, I10, M06.9, K50.90, K51.90, M32.9, L40.50	TRANSFERRIN SATURATION	D50.9, D64.9, D50.0, D50.8, Z00.00, D63.1, N18.9
FERRITIN	D64.9, D50.9, D50.0, D50.8, Z00.00, D63.1, N18.9	QUANTIFERON TB GOLD	Z79.899, Z00.00, Z01.84, M06.9, M08.9, M45.0, L40.0, L40.50, K51.90, K50.90
G6PD	M1A.9XX0, M1A.9XX1	TSH	E03.9, I10, E03.8, R53.83, E06.3, E05.00
GROWTH HORMONE	E22, C7A.1, E34	URIC ACID	M10.9, E79.0, I10, Z00.00, M1A.9XX0, M1A.9XX1
HEMOGLOBIN & HEMATOCRIT	D50.9, D64.9, D50.0, D63.1, N18.9	VIT B12/FOLIC ACID	M89.49, E53.8, R53.83, F41.8, F41.9, E05.00
HEMOGLOBIN A1C	E11.9, E11.65, R73.01, Z00.00, I10	VIT D 25- HYDROX	E55.9, Z00.00, R53.83, I10, Z79.899, M81.0, M81.8
HEP B SURF AG	Z11.3, Z36.9, Z20.2, Z11.59, Z79.899, G35, K50.90, K51.90, L40.0, L40.50, M06.9, M45.0	Miscellaneous Labs Not Listed (Write In)	

**Frequency**

Prior to each dose      Yearly      Other: Please Specify Below

Lab Test: \_\_\_\_\_ Frequency: \_\_\_\_\_

Lab Test: \_\_\_\_\_ Frequency: \_\_\_\_\_

Lab Test: \_\_\_\_\_ Frequency: \_\_\_\_\_

Lab Test: \_\_\_\_\_ Frequency: \_\_\_\_\_

Provider Name

Provider Signature

Date

Provider Phone