

## **VITAL CARE OF AUBURN HILLS (0429)**

Address: 1532 N Opdyke Road, Suite 700 City/State/Zip: Auburn Hills, Michigan 48326 Phone: (947) 886-4178 Fax: (947) 886-4655

## Essential Data To process the referral, please provide the following minimum information:

- Patient demographic information
- Copy of insurance card (front and back)
- History and physical documentation (including documentation of infection history and diagnosis, recent hospitalizations)
- Recent medication list, IV access information, and home health agency if applicable Immunization challenge test results and titer values
- Recent BUN and creatinine results

<ul> <li>Any additional relev</li> </ul>	ant chinical documentation	,	Do				
		Patient		graphics	994		
Last Name:				st Name: SSN: ight (cm): Weight (kg):			
Date of Birth:		Sex:	не	Height (cm): Weight (kg):			
Allergies:							
Address:			C	ata.	Zip:		
City:				State: Zip:  Mobile Phone:			
Home Phone:				Emergency Contact Phone:			
Emergency Contact Name:							
		Patient Insi	urance	Information			
Primary Insurance Name:			Se	condary Insurance Name:			
Policy Holder Name:			Pol	Policy Holder Name:			
Relation to Policy Holder:			Rel	Relation to Policy Holder:			
Member ID:			Member ID:				
Group ID:			Group ID:				
Immune Deficiency Diagnosi	Immune Deficiency Diagnosis			ICD-10 Neuromuscular Diagnosis ICD-10			
□ Common variable immunodeficiency (CVID) with predominant						i	
immunoregulatory T-cell disorders			D83.1	Chronic inflammator	ry demyelinating polyneuritis	G61.81	
Combined immunodeficiency, unspecified			D81.9	.9 Guillain-Barre syndrome G61.0			
Common variable immunodeficiency, unspecified			D83.9			G61.82	
□ Hereditary hypogammaglobulinemia			D80.0			G70.0	
□ Immunodeficiency with increased immunoglobulin M (IgM)			D80.5			G70.01	
□ Nonfamilial hypogammaglobulinemia			D80.1			G04.81	
Other combined immunodeficiencies			D81.89		□ Other inflammatory polyneuropathies G61		
Common variable immunodeficiency, unspecified			D83.9	□ Multiple sclerosis G35			
□ Bullous pemphigold			L12.0		□ Stiff-man syndrome G25		
<ul> <li>Pemphigus, unspecified</li> </ul>						ICD-10	
□ Severe combined immunodeficiency (SCID) with low or normal B-cell numbers			D81.2	<ul> <li>Immune thrombocy</li> </ul>	□ Immune thrombocytopenic purpura D69.		
- Severe combined immunedation	riency (SCID) with low T	call and B-call numbers	D81.1	<ul> <li>Dermatopolymyositi</li> </ul>	Dermatopolymyositis unspecified organ involvement		
□ Severe combined immunodeficiency (SCID) with low T-cell and B-cell numbers			D61.1	unspecified		M33.90	
□ Selective deficiency of immunoglobulin G (IgG) subclasses			D80.3	□ Polymyositis, organ	involvement, unspecified	M33.20	
□ Antibody deficiency with near-normal immunoglobulins or with			D80.6	Other Common Vari	able Immunodeficiencies	D83.8	
hyperimmunoglobulinemia					able Illilliallodelicielicies	003.0	
□ Selective lupus erythematosus, unspecified			M32.9		□ Other:		
Wiskott-Aldrich Syndrome			D82.0	□ Other:	□ Other:		
If unable to find diagnosis/ICD-10 code, please refer to ICD-10-CM (cdc.gov) for re			ference.				
		<u> </u>	rescrip	tion*			
Medication Ig Product Directions							
□ Intravenous Route (IVIG) □ PHARMACY TO DOSE □ Dose: □ grams IV Frequency Urration: □ doses or □ weeks (max duration of 1 year)							
- Turiavenous Route (IMIG)		Duration: doses of			1 year)		
- Incravenous Route (1916)		□ Dose: grams/	or <b>kg</b> IV Freq	_ weeks (max duration of : uency			
a Thriavellous Route (1910)		□ Dose: grams/	or <b>kg</b> IV Freq	weeks (max duration of :			
a minavenous route (1919)		□ Dose: grams/	or <b>kg</b> IV Freq	_ weeks (max duration of : uency			
a antiavenous route (1916)		□ Dose: grams/ Duration: doses of the doses	ororororor	_ weeks (max duration of a luency _ weeks (max duration of a locy	I year)		
Subcutaneous Route (SCIG)		Dose: grams/ Duration: doses of the property o	kg IV Freq or GC Frequer	_ weeks (max duration of I uuency _ weeks (max duration of I ucy weeks (max duration of 1	I year)		
		Dose: grams/ Duration: doses of the doses of	kg IV Freq or GC Frequer r kg SC Freq	_ weeks (max duration of i juency _ weeks (max duration of i ocy weeks (max duration of 1 juency	I year)		
		□ Dose: grams/ Duration: doses of □ PHARMACY TO DOSE □ Dose: grams S Duration: doses of □ Dose: grams/ Administer SCIG using	kg IV Freq or GC Frequer r kg SC Fred	_ weeks (max duration of : uency weeks (max duration of : cy weeks (max duration of 1 quency sites at a time	1 year)		
		Dose: grams/ Duration: doses of the doses of	kg IV Freq or GC Frequer r kg SC Fred	_ weeks (max duration of i juency _ weeks (max duration of i ocy weeks (max duration of 1 juency	1 year)		
		Dose: grams/ Duration: doses of the doses of	orororororororororo	_ weeks (max duration of inverse properties) _ weeks (max duration of inverse properties)  weeks (max duration of inverse properties) sites at a time weeks (max duration of inverse properties)	1 year)		
□ Subcutaneous Route (SCIG)		Dose: grams/ Duration: doses of the doses of	kg IV Frequer CC Frequer Kg SC Frec Kg SC Frec T	weeks (max duration of a duency sites at a time weeks (max duration of a weeks (max duration of	1 year)		
□ Subcutaneous Route (SCIG)  Hydration Protocol:		Dose: grams/ Duration: doses of the doses of	kg IV Frequents GC Frequents kg SC Frequents multiple statements Manag	weeks (max duration of a guency sites at a time weeks (max duration of a weeks (max duration of	1 year)		
□ Subcutaneous Route (SCIG)  Hydration Protocol: □ Per Pharmacy Protocol		Dose: grams/ Duration: doses of the doses of	or kg IV Frequent r kg SC Frequent r Manag	weeks (max duration of a weeks (max duration o	1 year)		
□ Subcutaneous Route (SCIG)  Hydration Protocol:		Dose: grams/ Duration: doses of the doses of	SC Frequent r Manag	weeks (max duration of a guency sites at a time weeks (max duration of a weeks (max duration of	1 year)		
Subcutaneous Route (SCIG)      Hydration Protocol:     Per Pharmacy Protocol     Per Provider Protocol		Dose: grams/ Duration: doses of the doses of	or kg IV Frequer r kg SC Frequer r Manag	weeks (max duration of a weeks (max duration o	1 year)		
Hydration Protocol:  Per Pharmacy Protocol Per Provider Protocol Anaphylaxis Protocol:		Dose: grams/ Duration: doses of the doses of	Kg IV Frequent File Property P	weeks (max duration of a uency weeks (max duration of a weeks (max duration of a uency sites at a time weeks (max duration of a uency seeks (max duration of a uency weeks (max duration of a uency weeks (max duration of a uency protocol er Pharmacy Protocol er Provider Protocol ush Protocol:	1 year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider Protocol Anaphylaxis Protocol: Per Pharmacy Protocol		Dose: grams/ Duration: doses of the doses of	Kg IV Frequent File Property P	weeks (max duration of invented in the control o	1 year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider Protocol Per Pharmacy Protocol Per Provider Protocol Per Provider Protocol Per Provider Protocol		Dose: grams/ Duration: doses of the doses of	Kg IV Frequer r GC Frequer r Kg SC Frece F Manag Pre P P P P P P P P P P P P P P P P P P	weeks (max duration of invented in the control o	1 year)		
Hydration Protocol:  Per Pharmacy Protocol Per Provider Protocol Per Pharmacy Protocol Per Provider Protocol Per Pharmacy Protocol Per Pharmacy Protocol Per Provider Protocol Per Provider Protocol Per Provider Protocol Per Provider Protocol		Dose: grams/Duration: doses of Duration: doses of Dose: grams Separation: doses of Duration: doses of Dose: grams/Administer SCIG using Duration: doses of Duration:	Kg IV Frequer r GC Frequer r Kg SC Frece F Manag Pre P P P P P P P P P P P P P P P P P P	weeks (max duration of a uency weeks (max duration of a weeks (max duration of a uency sites at a time weeks (max duration of a uency sites at a time weeks (max duration of a uency durat	1 year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider Protocol Per Pharmacy Protocol Per Provider Protocol		Dose: grams/Duration: doses of Duration: doses of Dose: grams Separation: doses of Duration: doses of Dose: grams/Administer SCIG using Duration: doses of Duration:	Kg IV Frequer r GC Frequer r Kg SC Frece F Manag Pre P P P P P P P P P P P P P P P P P P	weeks (max duration of a uency weeks (max duration of a weeks (max duration of a uency sites at a time weeks (max duration of a uency sites at a time weeks (max duration of a uency durat	1 year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider Protocol	st vial size	Dose: grams/Duration: doses of Duration: doses of Duration: doses of Duration: doses of Duration: doses of Dose: grams/Administer SCIG using Duration: doses of Durat	Kg IV Frequer r GC Frequer r Kg SC Frece F Manag Pre P P P P P P P P P P P P P P P P P P	weeks (max duration of a uency weeks (max duration of a weeks (max duration of a uency sites at a time weeks (max duration of a uency sites at a time weeks (max duration of a uency durat	1 year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider Protocol Per Pharmacy Protocol Per Provider Protocol	st vial size	Dose: grams/Duration: doses of PHARMACY TO DOSE Dose: grams SDuration: doses of Dose: grams/Administer SCIG using Duration: doses of Duration: dos	Manag Pro	weeks (max duration of interpretation of interpr	1 year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider Protocol Per forduct selection permitted unless di	st vial size nsidered as a one-time order	Dose: grams/Duration: doses of PHARMACY TO DOSE Dose: grams SDuration: doses of Dose: grams/Administer SCIG using Duration: doses of Duration: dos	Kg IV Frequer r GC Frequer r Kg SC Frece F Manag Pre P P P P P P P P P P P P P P P P P P	weeks (max duration of interpretation of interpr	1 year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider Protocol Per Pharmacy Protocol Per Pharmacy Protocol Per Provider Protocol Product selection permitted unless de "1g dose will be rounded to the neares" If order is not specified, it will be con	st vial size nsidered as a one-time order e	Dose: grams/Duration: doses of PHARMACY TO DOSE Dose: grams SDuration: doses of Dose: grams/Administer SCIG using Duration: doses of Duration: dos	Manag Pro	weeks (max duration of interpretation of interpr	1 year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider Protocol Per forduct selection permitted unless di	st vial size nsidered as a one-time order e	Dose: grams/Duration: doses of PHARMACY TO DOSE Dose: grams SDuration: doses of Dose: grams/Administer SCIG using Duration: doses of Duration: dos	Manag Pro	weeks (max duration of interpretation of interpr	1 year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider Protocol Per Pharmacy Protocol Per Pharmacy Protocol Per Provider Protocol Product selection permitted unless de "1g dose will be rounded to the neares" If order is not specified, it will be con	st vial size nsidered as a one-time order e	Dose: grams/Duration: doses of PHARMACY TO DOSE Dose: grams SDuration: doses of Dose: grams/Administer SCIG using Duration: doses of Duration: dos	Manag Pro	weeks (max duration of interpretation of interpr	1 year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider Protocol Per Pharmacy Protocol Per Pharmacy Protocol Per Provider Protocol Product selection permitted unless de "1g dose will be rounded to the neares" If order is not specified, it will be con	st vial size nsidered as a one-time order e	Dose: grams/Duration: doses of PHARMACY TO DOSE Dose: grams SDuration: doses of Dose: grams/Administer SCIG using Duration: doses of Duration: dos	Manag Pro	weeks (max duration of interpretation of interpr	1 year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider Protocol Per Pharmacy Protocol Per Pharmacy Protocol Per Provider Protocol Product selection permitted unless de "1g dose will be rounded to the neares" If order is not specified, it will be con	st vial size nsidered as a one-time order e	Dose: grams/Duration: doses of PHARMACY TO DOSE Dose: grams SDuration: doses on Dose: grams/Administer SCIG using Duration: doses on Duration: dos	Manag Pro	weeks (max duration of interpretation of interpr	1 year)		
Hydration Protocol:  Per Pharmacy Protocol Per Provider Protocol Per Pharmacy Protocol Per Pharmacy Protocol Per Provider Protocol Per Provider Protocol Per Pharmacy Protocol Per Provider Protocol Per Product selection permitted unless de "1g dose will be rounded to the neare: "1f order is not specified, it will be cor	st vial size nsidered as a one-time order e	Dose: grams/Duration: doses of PHARMACY TO DOSE Dose: grams SDuration: doses on Dose: grams/Administer SCIG using Duration: doses on Duration: dos	Manag Pro	weeks (max duration of interpretation of interpr	1 year)		
Hydration Protocol:  Per Pharmacy Protocol Per Provider Protocol Per Pharmacy Protocol Per Pharmacy Protocol Per Provider Protocol Per Provider Protocol Per Pharmacy Protocol Per Provider Protocol Per Product selection permitted unless de "1g dose will be rounded to the neare: "1f order is not specified, it will be cor	st vial size nsidered as a one-time order e	Dose: grams/Duration: doses of PHARMACY TO DOSE Dose: grams / Goses of Duration: doses of Duration: doses of Dose: grams/Administer SCIG using Duration: doses of Additional  Additional  or clearly written on order form.  and must be rewritten.	Manag Pre	weeks (max duration of inventory	1 year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider Protocol Product selection permitted unless de *Ig dose will be rounded to the neare* If order is not specified, it will be cor	st vial size nsidered as a one-time order e	Dose: grams/Duration: doses of PHARMACY TO DOSE Dose: grams / Goses of Duration: doses of Duration: doses of Dose: grams/Administer SCIG using Duration: doses of Additional  Additional  or clearly written on order form.  and must be rewritten.	Manag Pre	weeks (max duration of interpretation of interpr	1 year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider Nemerical Service Ser	st vial size nsidered as a one-time order e	Dose: grams/Duration: doses of PHARMACY TO DOSE Dose: grams SDuration: doses of Duration: Moses of Duration: Moses of Puration: Moses of Puration: Moses of Puration: Moses of Duration:	Manag Property Proper	weeks (max duration of inventory	1 year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider Protocol Per Pharmacy Protocol Per Pharmacy Protocol Per Provider In the India State of the India State o	st vial size nsidered as a one-time order e	Dose: grams/Duration: doses of PHARMACY TO DOSE Dose: grams SDuration: doses of Duration: Moses of Duration: Moses of Puration: Moses of Puration: Moses of Puration: Moses of Duration:	Manag Pre	weeks (max duration of inventory	1 year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider Protocol Per Pharmacy Protocol Per Provider Protocol Per Pharmacy Protocol Per Pharmacy Protocol Per Provider Protocol Per Provider Protocol Per Provider Protocol Per Barmacy Protocol Per Provider Protocol Per Provider Protocol Product selection permitted unless de *1g dose will be rounded to the neare *1f order is not specified, it will be cor	st vial size nsidered as a one-time order e	Dose: grams/Duration: doses of PHARMACY TO DOSE Dose: grams SDuration: doses of Duration: Moses of Duration: Moses of Puration: Moses of Puration: Moses of Puration: Moses of Duration:	Manag Property Proper	weeks (max duration of inventory	1 year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider Protocol Pe	st vial size nsidered as a one-time order e	Dose: grams/Duration: doses of Duration: doses of D	recorder is to Phase	weeks (max duration of inventory	year)  year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider In the India Service In the India Service In the India Service In the India Service In India India Service In India Service In India Service In India Service	st vial size nsidered as a one-time order e	Dose: grams/Duration: doses of PHARMACY TO DOSE Dose: grams SDuration: doses of Duration: Moses of Duration: Moses of Puration: Moses of Puration: Moses of Puration: Moses of Duration: Moses of Moses of Duration: Moses of Duration: Moses of Moses of Duration:	Manag Provider Sto Phal	weeks (max duration of inventory	1 year)		
Hydration Protocol: Per Pharmacy Protocol Per Provider Protocol Pe	st vial size nsidered as a one-time order e	Dose: grams/Duration: doses of PHARMACY TO DOSE Dose: grams SDuration: doses of Duration: Moses of Duration: Moses of Puration: Moses of Puration: Moses of Puration: Moses of Duration: Moses of Moses of Duration: Moses of Duration: Moses of Moses of Duration:	recorder is to Phase	weeks (max duration of inventory	year)  year)		

Lauthorize Vital Care Infusion Services LLC and its representatives to initiate any insurance prior authorization process that is required for this prescription and for any future refills of the same prescription for the patient listed above which I order. I understand that I can revoke this designation at any time by