CareMed
Pharmaceutical Services

Phone: 516.355.2273 Fax: 516.326.2273

HemaCare IVIG Prescription Form
NeuroCare
ImmunoCare
OncoCare
RheumaCare
HepaCare

Patient Information

Last Name	First Name	SSN	DOB
Home Address	City	State	Zip
Home Phone	Work Phone	Parent/Guardian	
Shipping Address	City	State	Zip

Pharmacy Insurance Information

Primary Insurance:	Rx Bin:	Secondary Insurance:	Rx Bin:
ID Number:	Group Number:	ID Number:	Group Number:

Physician Information

Prescriber Name:	Licence:	DEA:			Office Contact:
Address:	City:	State:	Zip:	Phone:	Fax:

Diagnoses Information

Primary Dx:	ICD-9:	Secondary Dx:	ICD-9:

Patient Weight (Required)

Delivery Information

Needed by:

Deliver to: ☐ Patient's Home ☐ Patient's Work ☐ MD Office/Clinic ☐ Other:

IVIG Prescription Information *(You may tape Prescriptions here prior to faxing)*

IVIG	Dose in GRAMS	Frequency	Quantity	Refills
☐ Gammunex 10%				
☐ Gammagard 10%				
☐ Carimune				
☐ Octagam 5%				
☐ Winrho				
☐				

Flushes

☐ Normal Saline Flush
☐ Heparin Flush 100u/ml
☐ Heparin Flush 10u/ml
☐
☐

Supportive Medications

Medication	Strength	Directions	Quantity	Refills
☐ Epinephrine				
☐ Benadryl				
☐ Acetaminophen				
☐ Aspirin				
☐ Fexofenadine				
☐				
☐				
☐				

PRESCRIBER'S SIGNATURE REQUIRED

MD / NP / PA Signature: _____

Today's Date: _____