

Gamunex-C

(Immune Globulin Injection (Human),
10% Caprylate/Chromatography Purified)



- 249 Danbury Rd. Wilton, CT 06897
 - 400 Columbus Ave, Valhalla, NY 10595
 - 127 Washington Ave, North Haven, CT 06473
 - 220 Farmington Ave, Farmington, CT 06032
- Ph: 203-883-0038 Fax: 203-724-4838

Infusion Order

Patient Name: _____

DOB: ____/____/____ M F

Allergies: _____

Phone: _____

Diagnosis: _____

ICD- 10: _____

Please fax a copy of the following patient information:

- Recent Progress Notes Current CBC& CMP (*from within 1 year*) Quantitative Immunoglobulin Level

PRE- MEDICATIONS:

- Acetaminophen 1000mg PO
 Diphenhydramine 25mg PO
 Cetirizine 10mg PO
 No Pre-med

- Solu- Medrol 125mg IVP
 Solu- Cortef 100mg IVP
 Diphenhydramine 25mg IVP

Other: _____

GAMUNEX-C 10% ORDER

DOSAGE

_____ g/kg daily for _____ days

Patient Weight: _____ lbs. _____ kg

_____ g daily for _____ days

Height: _____ ft _____ in

Other: _____

FREQUENCY

Every _____ weeks

One-time dose/ treatment

NOTES:

Provider's Name: _____ Signature: _____

NPI: _____ Date: _____ Ph: _____ Fax: _____