UNIVERSAL
• SPECIALTY PHARMACY •

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www.rxuniversal.com

Immunoglobulin (IV, SQ, IM) Referral Form

☐ **Urgent/Stat** ☐ **Standard**

Prescriber

Prescriber Information

Prescriber Name:			☐MD ☐PA ☐NP	
NPI:		DEA:		Office Contact:
Address:				
City:	State:	Zip:	Phone #:	Fax #:

Patient

Patient Information - Fax A Copy Of The Front And Back Of All Insurance Cards

First Name:		MI:		Last Name:
DOB:	Sex: ☐M ☐F	Last 4 Digits SSN :		Interpreter: ☐Y ☐N Specify:
Address:				
City:	State:	Zip:	Primary #:	Alternate #:
Emergency Contact:		Phone #:	Contact Preference: ☐AM ☐Noon ☐PM	

Clinical

Clinical Information - Please Send Progress Notes, Lab Reports And Any Other Supporting Documents

Primary ICD10:		Secondary ICD10:	Diagnosis Date: / /
Weight: ☐lb/ ☐kg	Height: ☐in/ ☐cm	Allergies:	
Current Medications:			
Prior Therapies:		IgG Trough: _____ mg/DL	Date: / /
IgA Deficiency: ☐ Yes ☐ No	IgA level: _____ mg/DL		Date: / /

Prescription

Prescription Information

Dose Start Date: / / ☐New Prescription ☐Refill Prescription ☐New to Therapy ☐Restarting Therapy

Deliver to: ☐Patient's Home ☐Prescriber's Office ☐Other

	Drug	Directions & Quantity	Refills
Immune Globulin Products	☐ Flebogamma® 5% ☐ Flebogamma® 10%		
	☐ Gammaked 10% ☐ Gammagard® Liquid 10% ☐ Gammaplex® 5% ☐ Gammaplex® 10% ☐ Gammagard® S/D ☐ Gamunex-C® 10%		
	☐ Octagam® 5% ☐ Octagam® 10%		
	☐ Privigen® 10%		
	☐ Cuvitru 20%		
	☐ Hizentra® 20%		
	☐ Gammaked™ 10% ☐ Gammagard® Liquid 10% ☐ Gammunex-C® 10% ☐ Gamastan® S/D 16.5%		
Other Medications	☐ Acetaminophen		
	☐ Diphenhydramine		
	☐ Heparin		
	☐ Sodium Chloride 0.9% 5-10 mL		
	☐ Solu-Cortef®		
	☐ Solu-Medrol®		

☐ Dispense ancillary supplies, syringes and medical equipment necessary to administer medication.

By signing this form and utilizing our services, you are authorizing Universal Specialty Pharmacy and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Sign

Prescriber Signature and Date (Required to validate prescription)

Physician Signature:	Date: / /