

Patient information

Patient name _____

DOB _____

Mobile number _____

Weight _____ kgs lbs

Diagnosis Generalized myasthenia gravis (gmg) in adult and pediatric patients 12 years of age and holder who are anti-acetylcholine receptor (achr) or anti-muscle-specific tyrosine kinase (musk) antibody positive. ICD 10: g70.0

Other _____

Allergies NKDA _____

Medication instructions

Pre-medications N/A

Provider prescribed: _____

Medication order

Dose

Frequency

Initial dose: 30mg/kg, then 15mg/kg and continue every 2 weeks

N/A

Other _____

Other _____

Medication route

IV

Other _____

Lab order

(Include frequency)

Please list any labs to be drawn by the infusion clinic:

N/A

Prerequisites

Please include the following with your fax submission: Labs and tests supporting diagnosis | Office / progress notes | Demographics

Please send to

Columbia, MD

Silver Spring, MD

Bowie, MD

Frederick, MD

Referring provider information

Referring provider name _____

NPI _____

Practice name _____

Point of contact Name _____ Email _____ Phone _____

Provider signature _____ Date _____