



Immunoglobulin Treatment for CIDP

Clinical Documentation

- ☐ ICD 10: _____ ☐ Date of Diagnosis: _____
- ☐ History & Physical
- ☐ Progress notes or a letter of medical necessity

Labs

- ☐ BUN/Creatinine or CMP (Must be within 30 days)
- ☐ CBC - Date: _____ ☐ Other: _____

Current Symptoms

- ☐ Numbness ☐ Weakness ☐ Pain
- ☐ Decreased Mobility ☐ Worsening Condition ☐ Fall Risk
- ☐ OTHER Description: _____

Current and Past Medications

- ☐ Corticosteroids ☐ Plasmapheresis
- ☐ OTHER Description: _____

Testing

- ☐ EMG/NCS - Date: _____ ☐ Lumbar Puncture - Date: _____
- ☐ Antibody Testing Type: _____ Date: _____
- ☐ OTHER Description: _____

First Dose? ☐ Yes ☐ No If no, previous dose date: _____

☐ ORDER/Plan of Treatment: _____